

THE APPLETON SCHOOL **LETTINGS FORM 2025/26**

APPLICATION TO HIRE SWIMMING POOL

THE APPLETON SCHOOL CROFT ROAD, BENFLEET ESSEX, SS7 5RN

TEL: 01268 794215 FAX: 01268 759981

The form must be completed by the person responsible for the function and all payments in respect of the hiring

Please complete in BLOCK CAPITALS

| Applicant's | s Name: | | | | | | | |
|---|--|---|--|--|----|-----|--|----|
| Society or | Organisatio | n: | | | | | | |
| Purpose of | f Hiring: | | | | | | | |
| | | | | ME MON-FRI 4-9PM SAT 8.30AM-3.30PM L HOLIDAYS MON-SAT 8.30AM-3.30PM | | | | |
| Day | Date | Month | Year | Pool | | Tin | | |
| MON | ch calendar fo | r regular boo | okings | | F | om | • | ·o |
| TUE | | | | | | | | |
| 106 | | | | | | | | |
| WED | | | | | | | | |
| THU | | | | | | | | |
| FRI | | | | | | | | |
| SAT | | | | | | | | |
| Do you hav | | bility Insura | ince? (copy | | | Pl | ease Circ YES/NO | |
| Attached c | ompleted ri | | | | | | | |
| Are first aid Have you f Do all Swir Attached of Have you r | d arrangeme amilarised y mming Instru copy of valid | ents covered rourselves w uctors hold a swim rescu ools Swimm | d in your ris vith the fire a full ASA (o le or NPLQ c ning Pool Saf | JIDANCE - Copy required) k assessment? evacuation procedures? r equivalent) qualification ertificate? (evidence of training also require fety Policy and Conditions of Hire? | d) | | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | |

Disabled access is limited - Please contact us for further information.

| Name & address for | the invoice to be sent to | o if different from below | | | |
|-----------------------|--|---|--|--|--|
| | | | | | |
| Email: | | | | | |
| DECLARATION | | | | | |
| I on behalf of | | hereby apply for the use of the | | | |
| accommodation and | facilities stated and if n | my application is approved, I will ensure payment in | | | |
| advance of the charg | es due. I will also ensu | re that the swimming pool procedures, | | | |
| which I have read are | e complied with. I can o | confirm I am over 18 years old. | | | |
| Signature of applican | ıt | Date | | | |
| Address | | | | | |
| | | | | | |
| Contact Numbers: | Home: | Mobile: | | | |
| | | | | | |
| Email: | | | | | |
| | A signed copy of this form will be returned within 14 days to confirm booking. | | | | |
| Letting Approved | YES / NO | Signed | | | |
| | | Date | | | |
| | | | | | |
| Office use only | | Provisional Cost of Hire | | | |
| | | £60.50 PER HOUR | | | |
| Site | | Calculated on present rates of hire. These are subject to | | | |
| Finance | | increase w.e.f. September each year. | | | |
| Admin | | Charges at the time of hiring will be applicable. | | | |

Data protection act - any personal data entered on this form may be held on computer files