



APPLICATION FOR THE USE OF FACILITIES

Please read the Terms and Conditions governing the Application and Use of SASW's Facilities before submitting the completed form to Corporate Services & Professional Development, SASW at **6778 0609**.

I. PARTICULARS OF APPLICANT

Name of Organisation	
Name of Applicant	Designation
Address	Tel:
	Fax:
	Email:

II. BOOKING DETAILS

Type of Facility Advocacy / Dignity / Empathy / Training Room*

Date(s) of Booking _____

Time / Duration of Booking _____

(Including set-up and rehearsal time)

Purpose of Booking _____

No. of People Attending _____

Guest-of-Honour (if any) _____

Expected Guests (VIP) _____

III. SPECIAL REQUESTS

NB: Please indicate if you need SASW to provide any furniture, equipment or arrangement that is not already present in the space you wish to book. Please note that all requests are subject to availability and approval.

IV. DECLARATION

I declare that all information given in this application are true and correct. I agree to abide by all the terms and conditions governing the application and use of the SASW's facilities.

 Name and Signature Designation and Organisation Stamp Date:

V. FOR OFFICIAL USE

Approved / Not Approved *	Rental Amount:	Deposit Amount:
	_____	_____
Date:	Receipt No. & Date	Cheque No:
_____	_____	_____
Asst Head, CSPD		

*Delete where applicable