

Community Health Service Licence Community Health Service Provider

This application is for community health services that are provided to the community on land that is owned or administered by Council.

For the purposes of this application, a community health service is defined as:

- A service free of charge to the community
- Accessible to all members of the public or those with specific health needs
- Has a health benefit to the community or a group within the community
- Is consistent with the accepted use of the reserve or facility
- Has no commercial aspect to the service
- Provide a certificate of currency for a minimum of \$20,000,000 Public Liability insurance

Applications must be submitted a minimum of 30 days prior to the required usage. If in a road reserve than a minimum of six months may be required for appropriate approvals.

NOTE: Incomplete applications will not be accepted.

Office Use								
Approval	Yes	<input type="checkbox"/>	DWS	<input type="text"/>	Date	<input type="text"/>		
	No	<input type="checkbox"/>	Reason	<input type="text"/>				
Power	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Fees	<input type="text"/>	Date Paid	<input type="text"/>
Land Tenure	Crown	<input type="checkbox"/>	Community	<input type="checkbox"/>	Operational	<input type="checkbox"/>	Road Reserve	<input type="checkbox"/>
Does the insurance expire prior to use?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date	<input type="text"/>		

A1. Applicant							
Organisation	<input type="text"/>						
Organisation Type	<input type="checkbox"/>	Government	<input type="checkbox"/>	Non-Government			
	<input type="checkbox"/>	Not for Profit	<input type="checkbox"/>	Commercial			
Contact Person	<input type="text"/>						
Address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>				
Email	<input type="text"/>						

A2. Location and Activity Details

Name of Park / Location

Nearest Road / Crossroads

Site Map - indicate the location, boundaries and general layout (this can be attached)

Type of Activity

Bump In Date/s

to

Bump Out Date/s

to

Dates of Operation

From

To

Hours of Operation

Start

Finish

Description of Activity

Do you require access to:

Water

Power

(fees apply - refer to Councils fees & charges)

A3. Applicants Declaration

I declare that all the information in this application and attachments are true and correct. I understand that if the information is incomplete the application may be delayed or rejected.

I acknowledge that by signing this declaration I am responsible for all staff, contractors and members of the public attending this health service adhering to the licence conditions and confirm that all attending staff will hold and keep current the relevant insurances and accreditations required to undertake this activity.

Attached to the application are:

Public Liability Insurance (Min of \$20,000,000) Certificate of Currency

Site Map Attached (if additional room required).

Applicants Name

Applicants Signature
(Required)

Date