

Student Group-Club-Society Function Application

City East
 City West
 Magill
 Mawson Lakes
 Whyalla
 Mt Gambier

Name of Group: _____ Affiliation to: USASA UniSA Sports

Contact name (please print): _____ Contact details: _____

Student ID: _____ Area requested for use: _____

Date of Function: _____ Start Time: _____ Finish Time: _____

Name of the function: _____

Description of the function: _____

Estimated Number of Attendees: _____ Number of Externals attending: _____

Details of high profile attendees: _____

Will food be served: Yes / No Provide details: _____

Will Alcohol be served: Yes / No ([Limited alcohol license](#) may be required – Details from FM Assist)
Provide details: _____

Will there be any charge: For attending: Yes / No Food: Yes / No Alcohol: Yes / No
Provide Details: _____

Other Requirements (BBQ/Cleaning/Lectern etc.): _____

Where portable barbecues are in use users must supply and use ground sheets to protect paving/concrete

Note:

1. Additional forms FM112, FM156, FM163, FM157 (use of Outdoor Kitchen) may be required
2. User/Contact person must ensure that the room/s and facilities used are left in a clean and tidy state at the conclusion of the function. Failure to do so will result in additional cleaning costs being charged to your Division/School/Unit.
3. User/Contact person is responsible to log CSRs and provide details as necessary to FM Assist for reference
4. Additional Security may be required at a cost to the user

The University is committed to providing and maintaining a safe and healthy environment for staff, students, and visitors, and as such activities or functions held on campus should be undertaken in compliance with the University's By-laws and Safety and Well Being Procedures and Guidelines including the procedure for Drugs and Alcohol.

Approved by Head of School or nominee

Name: _____ Date: _____

Position: _____ Signature: _____

UPON COMPLETION PLEASE SUBMIT THIS FORM TO FM ASSIST

FMU STAFF USE ONLY

Booked by FM Assist Staff: Yes No Limited Licence provided to FM Assist: Yes No

Room/Area booked: _____

Campus Facilities Manager Approved Not Approved Reason: _____

Signed: _____ Date: _____

(Campus Facilities Manager or nominee)

Copies to: Applicant Security Grounds Food Outlet Other: _____

FMU instruction/notes/comments: _____

THIS APPROVAL MUST BE CARRIED DURING THE FUNCTION