

Use of Aquatic Facility Application Form

Please complete this application in BLOCK LETTERS and tick or fill in boxes where applicable. If a question does not apply, please indicate 'N/A'.

Section 1 – Application Type

All events will attract a refundable bond. This amount is determined by the number of persons attending the event and will be invoiced separately. (Please refer to Council's current Fees & Charges for applicable fees)

Application Type ☐ Bond - Up to 30 persons ☐ Bond - Over 30 persons

Section 2 – Applicant Details

Applicant Name

Postal Address

Contact Phone

B

H

M

Email Address

Section 3 – Event Details

Name of Event

Event Location

Event Date

Crowd Attendance

Set Up Start Time

Event Start Time

Pack Down Finish
Time

Event Finish Time

Section 4 – Event Details

Please provide details (Attach additional pages if necessary):

Bowen
Cnr Herbert & Powell Streets
Bowen QLD 4805

Proserpine
83-85 Main Street
Proserpine QLD 4800

Collinsville
Cnr Stanley & Conway Streets
Collinsville QLD 4804

Cannonvale
Shop 23, Whitsunday Plaza
Shute Harbour Road, Cannonvale QLD 4802

Section 5 – Additional Details

| | |
|--|---|
| a) Protection of Council's Assets | Council's assets must be left in the same state as found. Facilities will be inspected prior to the event, and immediately following the event. You may arrange to have a representative present at these inspections. Council's Pool Management reserve the right to request the Event Organiser rectify any concerns/issues. Council's assets include (but are not limited to) fences, seating, playing surfaces, playground equipment, grass, trees, gardens, buildings, toilets, kiosks, change rooms, roads, and roadside furniture. |
| b) First Aid | <p>The provision of First Aid may be required. Please nominate the First Aider for the duration of the event.</p> <ul style="list-style-type: none"> This can be arranged with Pool Management. A copy of current qualifications may be requested by Council to review. |
| Nominated First Aider | |
| c) Water & Electricity Requirements | <p>Is access to water and/or electricity required?</p> <p><input type="checkbox"/> Yes, please provide detail. <input type="checkbox"/> No</p> |
| Additional Details | |
| d) Structures | <p>Will any temporary structures be erected?</p> <p><input type="checkbox"/> Yes, please provide detail. <input type="checkbox"/> No</p> |
| Additional Details | |
| e) Food & Drink | <p>Food or drinks brought into the pool grounds are at the discretion of the Pool Management. Have you contacted Pool Management to discuss arrangements?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, please contact Pool Management to make arrangements</p> |
| f) Public Liability | <p>The Applicant Organisation acknowledges that it holds a current public liability policy of a minimum \$20,000,000 to cover such liability and indemnity. Copy Public Liability must be attached to this application.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| Name of Insurance Company | |
| Expiry Date | |
| g) Lifeguarding | <p>Please indicate if you will be supplying lifeguard/s for this application.</p> <p><input type="checkbox"/> No, please contact Pool Management to arrange sufficient number of lifeguard/s.</p> <p><input type="checkbox"/> Yes, a copy of current qualifications may be requested by Council to review.</p> |

Note: Council will not be responsible for cost of additional lifeguard/s. The following 'Lifeguarding Information' has been provided to assist with Lifeguard to Patron ratios in accordance with Guidelines for Safe Pool Operations (GSPO).

Lifeguarding Information

Guidelines for Safe Pool Operations (GSPO), SV5. Developing the Supervision System, 5.3 Staffing structure and arrangements, 5.3.12:

Owners and operators of aquatic facilities should ensure that Levels of Supervision are not based just on patrons' numbers and that an effective aquatic risk assessment which takes into all contributing factors should determine the levels of supervision at an aquatic facility.

The below table indicates Lifeguard to Patron ratios at Whitsunday Regional Council Aquatic Facilities.

| EVENT TYPE: | PATRON NUMBERS: | APPLICABLE GUIDELINES: | LIFEGUARD RATIO: | ADDITIONAL INFORMATION: |
|---------------|--|--------------------------------|------------------|---|
| General Trade | 0 – 50 | RLSSQ – Qld, LP1, WHS Act 2011 | 1:50 | 1 Lifeguard onsite + LPPM sign |
| General Trade | 51 – 100 | GSPO SU1, SU3, WHS Act 2011 | 1:100 | 1 Lifeguard on deck + 1 BM or PL onsite + No LPPM sign |
| General Trade | 101 – 200 | GSPO SU1, SU3, WHS Act 2011 | 1:100 | 2 Lifeguards on deck + 1 BM or PL onsite + No LPPM sign |
| General Trade | 201 – 300 | GSPO SU1, SU3, WHS Act 2011 | 1:100 | 3 Lifeguards on deck + 1 BM or PL onsite + No LPPM sign |
| General Trade | 301 – 400 | GSPO SU1, SU3, WHS Act 2011 | 1:100 | 4 Lifeguards on deck + 1 BM or PL onsite + No LPPM sign |
| General Trade | 401 – 500 | GSPO SU1, SU3, WHS Act 2011 | 1:100 | 5 Lifeguards on deck + 1 BM or PL onsite + No LPPM sign |
| NOTE: | VMRA determined lifeguard ratios override SU1, SU3, LP1 and Qld – 001 guidelines provided all factors have been considered and the Managing Director has been consulted. School programs will also have DETE requirements. | | | |

Section 6 – Applicant Declaration

I, the applicant of this application for Use of Aquatic Facility, declare that all information provided on this application is true and correct.

Signed

Date

Indemnity Agreement

Agreement with Local Government, indemnifying the Local Government against claims for personal injury and damage to property in connection with the Licence.

Section 7 – Applicant / Indemnifier Details

| | | | |
|------------------|---|---|---|
| Name | | | |
| Postal Address | | | |
| Business Address | | | |
| Contact Phone | B | H | M |
| Email Address | | | |

Section 8 – Agreement

I, the applicant agree to enter into this binding agreement with Whitsunday Regional Council, indemnifying Whitsunday Regional Council against claims against the holder of the licence for personal injury (including death) and damage to property (including economic loss).

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

Section 9 – Witness of Applicant/ Indemnifier's Signature

| | | | |
|--------------|--|------|--|
| Witness Name | | | |
| Signature | | Date | |

Section 10 – Privacy Statement

Privacy Statement: Your information is being collected for the purpose of processing your application. Your information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission to or the disclosure is required by law.