



Hirers of the Showgrounds are required to book the use of the Showgrounds for their event.

**PLEASE NOTE:** All damages or breakages to any aspect of the buildings and, furniture or equipment, shall be paid for at full replacement cost plus administration charge of 10%.

**PLEASE NOTE:** Cleaning charges only apply if facilities have not been cleaned to standard acceptable by Council. Any dispute will be determined by Council's Manager of Facilities.

**PLEASE NOTE:** With all Longreach Regional Council Facility the COVID-19 Public Health Rules apply: Physical distancing of 1.5m, 4 square meters per person when indoors, Hand Hygiene along with Respiratory Hygiene is to be applied. Longreach Regional Council cleaning staff clean and disinfect the facilities as per COVID -19 recommendations Queensland Health PN12613 WH&S. [https://www.worksafe.qld.gov.au/\\_data/assets/pdf\\_file/0005/191678/covid-19-overview-and-guide.pdf](https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0005/191678/covid-19-overview-and-guide.pdf)

### Application Details:

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify):			
Contact Name:			
Company / Association:			
Postal Address:			
Locality / Suburb:		State:	Postcode:
Contact Phone / Mobile :		Contact Fax:	
Email Address:			

### Booking Details:

Event / Function Name:			
COVID Safe Event Checklist: Provide copy to LRC via <a href="mailto:assist@longreach.qld.gov.au">assist@longreach.qld.gov.au</a>		<input type="checkbox"/> Yes <input type="checkbox"/> No <a href="https://www.covid19.qld.gov.au/_data/assets/pdf_file/0014/132701/covid-safe-event-checklist.pdf">https://www.covid19.qld.gov.au/_data/assets/pdf_file/0014/132701/covid-safe-event-checklist.pdf</a>	
Date/s of Function:	Time In:	Time Out:	

### Facility Required: (Please tick all boxes that apply)

<input type="checkbox"/> Entire Facility (including oval lights)	<input type="checkbox"/> Wave Roof Shelter (per day)
<input type="checkbox"/> Oval ONLY (Full Day Hire / day) Days: _____	<input type="checkbox"/> Under Grandstand-includes toilets/showers/food & bar
<input type="checkbox"/> Arts & Crafts Pavilion (per day)	<input type="checkbox"/> Bar / Cold Room & Kitchen/Canteen includes fixed equipment (per day)
<input type="checkbox"/> Wool Pavilion (per day)	

### Rodeo, Campdraft Arena & Yard/Stable Hire

Rodeo grounds hire by any person /s other than the Rodeo Association must be given permission from the Rodeo Association Committee prior to application to Council.

<input type="checkbox"/> Rodeo Arena	<input type="checkbox"/> Campdraft Arena	<input type="checkbox"/> Working Dog Arena
<input type="checkbox"/> Stable Hire (charges apply per horse/per day) Qty: _____ Date In: _____ Date Out: _____		
<input type="checkbox"/> Biosecurity Horse Health Declaration Attached/Doc # _____		<input type="checkbox"/> Movement Record Attached/Doc# _____

### Camping: (charges apply per day and per person)

Number of Days:

Number of People:

<input type="checkbox"/> Bus Groups, School Groups, Tour Groups		
<input type="checkbox"/> Caravans / Motor Homes – With Power		
<input type="checkbox"/> Caravans / Motor Homes – Without Power		
<input type="checkbox"/> Exhibitors Camping – including showers & toilets and power		
<input type="checkbox"/> Armed Forces		



**Liquor Permits & Licensing:**

Any liquor sold on Council property will require a Liquor License Permit which can be downloaded from the provided website [http://www.olgr.qld.gov.au/industry/liquor\\_licensing/liquor\\_permits/index.shtml](http://www.olgr.qld.gov.au/industry/liquor_licensing/liquor_permits/index.shtml). If alcohol is ONLY consumed e.g. BYO a Permit to Consume Alcohol will need to be completed and returned with this booking form. (Attached)

Permit to sell alcohol (Liquor Licence)       Form of Endorsement – to consume alcohol on Council premises.

**Refundable Bond / Security Deposits:**

I  Do  Do Not give permission for the Longreach Regional Council to take the fee for Equipment Hire / Facility Hire out of the Refundable Bond paid to Council.

Signature:	Applicant Name:	Date:
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**Indemnity:**

I / we agree to the foregoing conditions of hire inclusive and certify that the information provided is true and correct to the best of my knowledge and hereby indemnify Longreach Regional Council against any claim whatsoever arising from my / our use of the facilities outlined above. By endorsing the above I agree to abide by the terms and conditions here in.

Signature:	Applicant Name:	Date:
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### Declaration by owner or person in charge of horse/s attending:

I declare that the horse/s named above has / have been in good health, eating normally and not shown signs of illness during the last three days leading up to this event. I give my authorisation for the Event Organising Committee/Biosecurity Manager to call for veterinary inspection of the horse/s named above and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred for the above mentioned horses as a result of this veterinary examination.

### I AGREE TO ENSURE THAT:

#### Owner or person in charge of horse/s

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify):			
Contact Name:		Arrival Date:	Departure Date
Company / Association:			
Home Address:			
Locality / Suburb:		State:	Postcode:
Contact Phone / Mobile :		Contact Fax:	
Email Address:		Vehicle Registration:	

#### Property of Origin of Horse/s

Full Address: (if different from above)		State:	Postcode:
PIC NUMBER (Property Identification Code)	Q _ _ _ _ _		

#### Details of all horses you are bringing onto the grounds

#	HORSE'S REGISTERED NAME	DESCRIPTION/SEX	MICROCHIP/BRAND	PIC OF PROPERTY HORSE IS RETURNING TO (IF DIFFERENT FROM ABOVE)	CURRENT HENDRA VIRUS VACCINATION YES/NO
1				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Indemnity:

1. All horses, vehicles and equipment accompanying horse/s will be clean and free of solid material (that could contain disease agents) prior to departing property of origin.

**I FURTHER DECLARE THAT:**

2. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.

3. I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Biosecurity Manager.

4. I acknowledge that in failure to comply, I may be directed to leave the event and my nominations will be forfeited.

5. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Biosecurity Manager.

6. I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movements and if necessary horses and premises will be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time. I agree and acknowledge that the Biosecurity Manager/Event Organising Committee, its State or National Affiliated bodies and their members are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of any movement of horses to the event/farm.

Signature:	Applicant Name:	Date:
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**HORSE LISTING CONTINUED**

*Details of all horses you are bringing onto the grounds*

#	HORSE'S REGISTERED NAME	DESCRIPTION/SEX	MICROCHIP/BRAND	PIC OF PROPERTY HORSE IS RETURNING TO (IF DIFFERENT FROM ABOVE)	CURRENT HENDRA VIRUS VACCINATION YES/NO
5				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
7				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
8				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
9				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
10				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
11				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
12				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
13				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
14				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
15				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
16				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
17				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
18				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
19				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
20				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Indemnity:**

1. All horses, vehicles and equipment accompanying horse/s will be clean and free of solid material (that could contain disease agents) prior to departing property of origin.

**I FURTHER DECLARE THAT:**

- The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
- I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Biosecurity Manager.
- I acknowledge that in failure to comply, I may be directed to leave the event and my nominations will be forfeited.
- I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Biosecurity Manager.
- I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movements and if necessary horses and premises will be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time. I agree and acknowledge that the Biosecurity Manager/Event Organising Committee, its State or National Affiliated bodies and their members are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of any movement of horses to the event/farm.

Signature:	Applicant Name:	Date:
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Please note this movement record is a guide only. You may keep a movement record in any format that captures the required information. Examples include but are not limited to diaries, log books, emails, or other industry documents (that are species specific) such as National Vendor Declarations (NVDs), horse health declarations, or Pig Passes.

Details			
<b>Proposed movement date:</b>			
<b>Person completing movement record:</b> (Full name of the person completing the movement record.)			
Origin of designated animal:			
Address (including "Name of place" if applicable) of the holding, saleyard or place of departure of the designated animal/s.		Name of place:	
		Address:	
Locality / Suburb:		State:	Postcode:
Contact Phone / Mobile:		Contact Fax:	
Email Address:			
Destination details:			
Full name of the person taking receiving the designated animal/s.			
Organisation/trading name			
Address of the destination (including "Name of place" if applicable)		Name of place:	
		Address:	
Locality / Suburb:		State:	Postcode:
Contact Phone / Mobile:		Contact Fax:	
Email Address:			

<sup>1</sup> Identification marks may include, but are not limited to, animal colour, brand, earmark, or microchip number.

<sup>2</sup> Special designated animals include: cattle, sheep, goats, pigs, bison, buffalo, alpacas, llamas.

Particulars of designated animal(s)				
A description of the designated animal with any distinguishing marks or features sufficient to be able to identify the designated animal being moved.				
No. of stock	Breed	Class (e.g. bull, ram, mare, sow)	Identification marks <sup>1</sup>	Property Identification Code (PIC) (other PICs for non-vendor breed sheep and goats)
				Q _ _ _ _ _
				Q _ _ _ _ _
				Q _ _ _ _ _
				Q _ _ _ _ _



### Cattle tick risk minimisation requirements (low risk carriers only)

State the cattle tick risk minimisation requirements that have been met for low risk carriers moving between Queensland cattle tick zones.  
Low risk carriers include horses, camels, sheep, goats, llamas, alpacas, vicunas, guanacos.


### Declaration: Special designated animals only<sup>2</sup>

Signature:	Full name of person completing form:	Date:
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**PLEASE NOTE: (To coincide with Form 7 prior online lodgment)**

Hirers of Council Facilities that will be consuming alcohol will be required to complete the Form of Endorsement.

Hirers of Council Facilities that will be selling alcohol will be required to complete the Form of Endorsement and a Community Liquor Permit which can be found and lodged online: [www.qld.gov.au](http://www.qld.gov.au)

For more information please visit the Office of Liquor and Gaming Regulation website <http://www.olgr.qld.gov.au>

Once completed, a signed and completed copy of this form needs to be submitted to your local Police Station regardless of whether you are required to obtain a Liquor Licence for the event.

### Application is for:

- Permit to Consume Alcohol.  
 Permit to Sell Alcohol – Community Liquor Permit will need to be attached.

### Application Details: Responsible Person

Title:  Mr  Mrs  Ms  Miss  Other (specify):

Contact Name:

Company / Association:

Postal Address:

Locality / Suburb:

State:

Postcode:

Contact Phone / Mobile :

Contact Fax:

Email Address:

### Application Details: Club / Association – Beneficiary to the Event

Company / Association:

Postal Address:

Locality / Suburb:

State:

Postcode:

### Venue Details:

Name of Venue:

Venue Address:

Locality / Suburb:

State:

Postcode:

### Bar Trading Times:

Day:

Date:

Times:

### Event Details:

Name of Event:			Estimated Patrons to consume Liquor at Event: _____
Is the Event open to the Public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will minors be permitted in consumption areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Attendance to Event:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will minors be accompanied by parent or guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will minors be attending the Event?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



### Liquor Consumption Areas:

#### Consumption Area:

Number of Serving Areas:	
Size:	
In Inside – What is the Name of the Building?	
In Outside – What is the Location of the Consumption Area within the Property?	
How will the Consumption area be defined?	

#### Liquor Serving Container Types:

How is it intended that liquor be served?  Cans  Bottles  Glasses  Disposable / Plastic Cups

#### Entertainment:

Entertainment Type (If Applicable- you may select more than one).

DJ  Live Music  Adult Entertainment  Rodeo  Boxing / Martial Arts  
 Other (briefly describe: ) \_\_\_\_\_

#### Security:

What Type of Security will be provided?  Licensed Security Providers  Volunteer Based Security Providers

How many Security Personnel will there be? \_\_\_\_\_

### Indemnity:

I / we agree to the foregoing conditions of hire inclusive and certify that the information provided is true and correct to the best of my knowledge and hereby indemnify Longreach Regional Council against any claim whatsoever arising from my / our use of the facilities outlined above. By endorsing the above I agree to abide by the terms and conditions here in.

Signature:	Applicant Name:	Date:
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### Council Endorsement:

Council Endorses this Permit Holder to Consume / Sell Alcohol on the above mentioned Council Land.

Signature:	Name & Position: Mitchell Murphy - Chief Executive Officer	Date:
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### Privacy Statement:

The information collected in this form will be used by Council for lawful purpose directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*) or as required by Queensland State Government. The information collected may be retained as required by the *Public Records Act 2002*.





To comply with the Workplace Health and Safety Act 2011 and Workplace Health and Safety Regulation 2011, a record of all serious bodily injury, work caused illnesses and dangerous events must be recorded within 24 hours of the incident occurring.

Incident Report			
<b>Public Incident</b>			
<b>Authorised by:</b> <b>Date approved:</b> <b>Review Date:</b> <b>Document ID:</b>	Workplace Health and Safety Committee February 2020 February 2022 321062		
Personal Details			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify):			
Contact Name:			
Date of Birth:			
Residential Address:			
Locality / Suburb:		State:	Postcode:
Contact Phone / Mobile :		Contact Fax:	
Email Address:			
Details of the Incident			
Date of Incident:		Time of Incident:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Date Reported:		Time Reported:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Person incident was initially reported to:			
Type of Incident:	<input type="checkbox"/> Dangerous Event <input type="checkbox"/> Property Damage <input type="checkbox"/> Electrical Incident <input type="checkbox"/> Near Miss <input type="checkbox"/> Other		
Treatment:	<input type="checkbox"/> None <input type="checkbox"/> First Aid Treatment <input type="checkbox"/> Medical Treatment		
Work Area, Street Address and Locality where incident occurred:			
Description of incident:			
Description of injury/illness & any first aid treatment (If Applicable):			
Declaration:			
I, the undersigned, warrant the truth of the above information			
Signature:	Applicant Name:	Date:	



### Witness Details

Was the incident witnessed by anyone?  No (Go to Next Section)  Yes (Complete the details below)

Title:  Mr  Mrs  Ms  Miss  Other (specify):

Witness Full Name::

Residential Address:

Locality / Suburb:

State:

Postcode:

Contact Phone / Mobile :

Contact Fax:

Email Address:

### INCIDENT INVESTIGATION DETAILS

(To be completed by a Council Staff Member)

What actions, hazards or conditions contributed to this incident, and were any conditions existing:

What was the level of risk at the time of the incident:

Low  Medium  High  Extreme

What actions will be taken to prevent/reduce the likelihood of this incident occurring again? (ie. Control measures to put in place):

If relevant, conduct a risk assessment and note the level of risk now that control measures are in place:

Low  Medium  High  Extreme

Supervisor notes/comments:

### MANAGEMENT COMMENTS/RECOMMENDATION

(To be completed by the Manager/ Director/ CEO)

Please note any comments or actions to be taken:

### SIGNATURES:

(To be completed as stated below)

<b>Supervisor:</b>	Signature:	Full Name:	Date:
<b>Manager/Director/CEO:</b>	Signature:	Full Name:	Date:
<b>WHSA:</b>	Signature:	Full Name:	Date:

### NOTIFICATION TO QLD GOVERNMENT

(To be completed by WHSA)

Is the incident required to be reported to the Division of Work Health and Safety?

No  Yes – Complete the approved form, lodge & attach a copy to report

Additional Information:

Is the incident required to be reported to the Electrical Safety Office?

No  Yes – Complete the approved form, lodge & attach a copy to report

Additional Information:

Is a formal ICAM Investigation to be conducted by the trained investigation team for this incident?

No  Yes – Doc ID for completed report:

Additional Information:

### OFFICE USE ONLY

(To be completed by WHSA/ WHS Admin)

Document ID:	Incident Summary Reference Number:
Date Report Received:	Date Report Emailed to Management:

Additional Information: