UNIVERSITY OF SOUTH AUSTRALIA

CAMPUS SERVICES

CS53

STAFF FUNCTION APPROVAL

☐ City East ☐ City West ☐ Magill ☐ Mawson Lakes ☐ Whyalla ☐Other _____

Name of Div/School/Unit: _____

Contact Name (please print): _____ Phone: _____ Fax: _____

Area Requested for Use: _____

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

Title and detailed description of function: _____

Contact Person on Day of Function: _____ Phone : _____

Is this a staff only function? Yes ☐ No ☐ Estimated Number of Attendees: _____

Have any high profile guests been invited to attend (eg Ministers, Mayors) ☐ Yes ☐ No

If yes, please give details: _____

Are Representatives/Sponsors/Exhibitors invited to attend this function? Yes ☐ No ☐

If Yes, please complete and attach a CS63 University Function- Representatives/Sponsors/Exhibitors on University Grounds form.

If food/alcohol is being catered for, please state by whom: _____

Alcohol permission requested: Yes / No

In accordance with University By-Laws 8.1-8.2

☐ I/we shall be holding a function and seek permission to consume alcohol on the University of South Australia premises at the above location and undertake that:

- No person under the age of 18 will be permitted to consume alcohol.
- Alcohol will not be offered for sale.

OR

☐ I wish to keep alcoholic liquor in the above location and consume it there (with invited guests) at various times through the year and understand that no person under the age of 18 will be permitted to consume alcoholic liquor. I undertake that no alcoholic liquor will be offered for sale on any of these occasions.

_____ _____

Head of Unit/Div/School Signature | Date

Are UniSA Barbecue Facilities required Yes / No

Number of Hot Plates: 1 2 3 *(MLK Only)*

I undertake that:

- I have read, understood and will abide by the Electric Barbecue Usage Agreement.
- I have read, understood and will abide by the Food Act 2001 and will meet the requirements of the Australian New Zealand Food Standards Code. Food will be stored, cooked and served in hygienic conditions. (Refer http://www.dh.sa.gov.au/pehs/Food/kit-charities-community.htm)
- The Barbecues will be operated in accordance with the Barbecue Operating Instructions provided with the key at the time of use.

_____ _____

Signature | Date

Are car / bus parking facilities required: (please indicate) ☐ Yes ☐ No (*Subject to Campus Conditions)*

Additional equipment, setups or other requests: _____

**** 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 will be undertaken in compliance with the University's By-laws and Occupational Health Safety and Welfare procedures (http://www.unisa.edu.au/ohsw/procedures/default.asp) including the procedure for Drugs and Alcohol. ****

Please note: User groups 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.

UPON COMPLETION PLEASE SUBMIT THIS FORM TO THE RELEVANT FM ASSIST OFFICE

STAFF USE ONLY

Room/Area/BBQ Facilities _____ *Booked by FM Assist Staff* *Yes*☐ *No*☐

Alcohol permission granted: *Yes*☐ *No*☐

Special Conditions : **1. *Where portable barbecues are in use users must supply and use ground sheets to protect paving/concrete***

2. _____

Campus Facilities Manager *Approved* ☐ *Not Approved* ☐ *Reason* _____

Signed: _____ *Date:* _____

(Campus Facilities Manager or nominee)

Copies to: Applicant ☐ *Security* ☐ *Grounds* ☐ *Commercial Services Manager* ☐ *Other* ☐ *Original to be retained by FM Assist.* ☐

THIS APPROVAL MUST BE CARRIED WITH YOU AT SET UP AND DURING THE FUNCTION AND MUST BE PRODUCED WHEN REQUESTED BY AN AUTHORISED PERSON.