Applicant Details					
* indicates a required field					
Event Title *					
Name of applicant organisation *					
Name of person completing the form on behalf of the organisation *	Title	First N	lame	Last Name	
Postal Address *	Address Suburb S	tate	Postcode		
Phone *					
Mobile *					
Email *					
Re-enter email *					
Website					
Applicant ABN and Ever	nt Details	6			
* indicates a required field					

entered the ABN correctly.

The ABN provided will be used to look up the following information. Click Lookup above to check that you have

ABN *

	Information from the Australian Busi	ness Register
	ABN	
	Entity name	
	ABN status	
	Entity type	
	Goods & Services Tax (GST)	
	DGR Endorsed	
	ATO Charity Type	More information
	ACNC Registration	
	Tax Concessions	
	Main business location	
	* This space must be completed f processed.	or your application to be
Briefly describe your community group / organisation *		
Proposed Event dates		
Please list 3 proposed event date	s in order of preference.	
·	day evenings are booked well in a	dvance and may not be
Preferred Event Date 1		
Must be a date.		
Preferred Event Date 2		
Must be a date.		
Preferred Event Date 3		
Freierieu Event Date 3		
Must be a date.		
Event Details		
Event Name *		

Event Description *		
Word count:		
Must be no more than 200 words.		
Summary of the event		
Event Objectives *		
Word count:		
Must be no more than 250 words. What is the purpose of your event?		
Anticipated audience numbers *		
How many people will you hope to attract to your	event?	
Does you event have a target audience?	•	
boes you event have a target addience.		
(e.g, young people,cultural groups, local commun	ity priority)	
Has this event been held before? If yes,	please complete the	e following: *
○ Yes	○ No	
Date		
Venue		
Estimated attendance figure		
Ticket Cost		
Diagram of the second of the s		
Please note if there was a range of ticketing prices	s, including concessions	

Eligibility Details

* indicates a required field

To be eligible you must select and meet at least one of these criteria. You may choose more than one if they fit your proposed event. *	☐ The event would not otherwise be held at the Palais ☐ The event is produced by an organisation based in the City of Port Phillip ☐ The event can show a history or strong connection with the City of Port Phillip, its residents or businesses ☐ The event will be able to provide low cost tickets for the audience ☐ The event will enable access to the City of Port Phillip community as a priority
Explain how your event will meet one or more of the eligibility criteria *	Word count:
	Must be no more than 500 words.
Selection Criteria	
* indicates a required field	
Choose the relevant criteria that match your event	☐ The event can demonstrate community development, arts or social benefit ☐ The event can demonstrate ability / opportunity to engage, include and connect the local City of Port Phillip community ☐ The event has programming of or partnerships with City of Port Phillip artists, businesses and/ or community groups as part of the event or its planning ☐ The event's target market is demonstrably diverse and caters to audiences who would not necessarily traditionally attend events at the Palais Theatre ☐ Proceeds from the event are committed to be sent to a charity or community group via fundraising at or from the event (please specify charity or group) ☐ If the hirer is a commercial operator, the hire should aim to increase the likelihood of future large scale bookings between the operator and the tenant If you event does not match a particular selection criterion, please explain why in the expanded field below
Explain how your event will meet the selection criteria above *	Word count:

Must be no more than 500 words.

	It is important to clearly explain the extent to which the event matches the criteria chosen		
How will this event be promoted to a Port Phillip audience? *			
Festivals /Umbrella Event	S		
Is your project part of a festival or other event? *	○ Yes	○ No	
If Yes what is the name of the festival or event?			
Application Supplementary Material Applicants may upload links to web pages, facebook or youtube with content that directly supports this application			
Add link 1	Must be a URL		
Add link 2	Must be a URL		
Application support documents (please title your documents clearly)	Attach a file: You can upload any documents here that support your application (such as letters from partner organisations or of participants).		
	Applications to this progr be held at the Palais Thea 2023 and November 2025	atre between December	
	Applicants will be notified application submission	d withing 6 weeks of	

Certification page

* indicates a required field

Please read the following

I certify that I have read the guidelines and criteria, understand the operating costs are at my own expense and in addition to the \$1 hire fee, and that all details supplied in this application form and attached documents are true and correct to the best of my knowledge. This application has been submitted with the full knowledge and agreement of the management of the applicant organisation.

I agree to contact the City of Port Phillip in the event that any information regarding this application changes or is found to be incorrect.

,,				
Name *	Title	First Name	Last Name	
Position in organisation (if applicable)				
Organisation Name				
Date *				
	Privacy Notification The City of Port Phillip is collecting the personal information requested on this form for the purpose of assessing applications to Community Purpose Reservations at the Palais Theatre. The personal information will be used solely by the City of Port Phillip for this primary purpose and the directly related secondary purpose of contacting you about future Council funding and participation opportunities. The applicant understands that the personal information provided is for these purposes and that they may apply to council for access and/or amendment of the information. Requests for access or correction should be made to governance@portphillip.vic.gov.au .			
l agree *	○ Yes			

Laura Pohlenz

Contact information

application process please contact:

If you have any gueries about the Guidelines and

Ph: <u>0421 719 292</u>

Email: palaistheatrecommuni@portphillip.vic.gov.au

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Community Reservations at the Palais Theatre application feedback form

* indicates a required field

To assist Council to continuously improve the process involved with Community Reservations at the Palais, it would be appreciated if you would complete this feedback form.

1. How did you hear about Community Reservations at the Palais Theatre?* *	 □ Council e newsletter □ Council website □ Word of mouth □ E mail networks □ Social media □ Other (please tick at least one box) 	
2. Are the guidelines and criteria easy to understand?* *	○ Yes	○ No
If not, how can it be improved?		
3. Is the Application Form easy to use?* *	○ Yes	○ No
If not, how can it be improved?		
5. Any other comments?		