

# STAFF FUNCTION APPROVAL

City East    
  City West    
  Magill    
  Mawson Lakes    
  Whyalla    
  Mt Gambier

Name of Academic/Business Unit: \_\_\_\_\_

Contact name (please print): \_\_\_\_\_ Contact details: \_\_\_\_\_

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)

Provide details: \_\_\_\_\_

**Will there be any charge:** For attending: Yes / No     **Food:** Yes / No     **Alcohol:** Yes / No

Provide Details: \_\_\_\_\_

**Other Requirements (BBQ/Cleaning/Lectern, parking 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 Academic/Business Unit.
3. User/Contact person is responsible to log CSRs and provide details as necessary to FM Assist for reference

*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 Academic/Business Unit or nominee \_\_\_\_\_

Name (Please print): \_\_\_\_\_

Position: (Please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

**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

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: \_\_\_\_\_