**Rolls Building Consultation Room Hire - Booking Form and Contract**

**Important Notice**

**Completed forms should be e-mailed to** **RBConsultationRooms@Justice.gov.uk**

**Keys can be collected from Counter 8, from 9am on the commencement date of hire.**

**You must bring ID to confirm your firm and confirm the case number when collecting your key.**

**Payment for the hire becomes due and payable 30 (thirty) days after receipt of invoice.**

**Please return the key and complete the ‘key return sheet’ via the drop box located on the ground floor near counter 1.**

**Terms and Conditions of room hire**

1. Loss of any key will incur a charge of £100.00 plus VAT.
2. It is your responsibility to lockthe consultation room when it is not in use. Please note that Security will open/relock rooms for cleaning daily.
3. Rooms are to be **CLEARED** upon your hire ceasing.
4. Any keys not returned after cease of room hire will be charged at the daily rates of hire until the key is returned.

**1. Contact details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Your name |  |
| e-mail address |  |
| Phone number |  |

 |
|  |
|

|  |  |
| --- | --- |
| Company Name |  |
| Billing address including postcode |  |
| Billing/Firm reference |  |

 |

**2.Case details**

|  |  |
| --- | --- |
| Case number |  |
| Case name |  |
| Is your hearing | Fixed [ ]   | Floating/Window [ ]  | Not known [ ]  |
| Court number if known |  |

**3: Consultation room details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preferred room size | Small [ ] £110 + VAT | Medium [ ] £165 + VAT | Large [ ] £220 + VAT |  |
| Second choice of room size  | Small [ ] £110 + VAT | Medium [ ] £165 + VAT | Large [ ] £220 + VAT | None [ ]  No room will be allocated |

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed start date |  | Proposed end date |  |

|  |  |
| --- | --- |
| Any reasonable adjustments required please specify |  |

**4. Declaration**

I confirm that I am **authorised** on behalf of the above firm to complete this hire form, which also **constitutes a ‘Contract’ and liability for payment**. I will take responsibility for the key/s [**Including lockable cabinet if appropriate**] for Consultation Room Number: \_\_\_\_. In my signing this form the firm agrees to the above terms and conditions of hire of the room at a **Daily Charge** or **part** thereof of £ \_\_\_\_ plus VAT.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Print name |  |
| Date |  |

**To be completed by HMCTS Staff only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Room Size | Small [ ] £110 + VAT | Medium [ ] £165 + VAT | Large [ ] £220 + VAT |
| Keys Collected |  | Keys returned |  |
| Total number of days |  | Additional Charges | £ |
|  |  | Total | £ |
| Invoice processed by |  | Date |  |
| Customer number |  |