

## SAFE SPACE (POP UP) REQUEST FORM

Please forward completed form to <a href="mailto:info@bacc.org.au">info@bacc.org.au</a>

CONTACT DETAI	LS					
Name:				Position:		
School/Organisa	tion:					
Address:						
Phone:				Email:		
Mobile:						
REASON FOR REQUEST						
What is the purpose of the pop up?						
I.e., Significant days (Youth week, Harmony day etc), sharing information and knowledge of services in the						
area etc.						
What outcomes are you hoping to achieve?						
DATES & DURAT	ION					
Term(s)	1	2	3	4		
Day of the week				Date:		
Start time:				Finish Time:		
Venue (eg: school hall, outdoor space etc):						
Please note:						
Requests must be received and approved at least 2 weeks prior to the pop up date.  PAGE at 16 are required to a regulator prior to the property of the pr						
<ul> <li>BACC staff are required to complete a risk assessment of the venue prior to the event date.</li> </ul>						

## **STUDENTS**

Approx. no. of students:					
Students who identify as Aboriginal Torres Strait Islander:					
Does BACC have permission to take and use photographs of students for promotional					
purposes? (please circle)					
Yes No					

Signage will be displayed throughout the event and photographer will be wearing a hi-vis vest. Students/teachers can ask to not have their photo taken on the day.

Does BACC have permission to use the school logo for promotional purposes? (please circle)

Yes No

## For further information please contact BACC on 9626 5312

Office use only	
Application successful?	
Photo Consent discussed?	
Projector/Screen available?	
Whiteboard available?	
Additional Comments/ I	