

**ANNEXURE A1**
**APPLICATION FORM TO HOST AN EVENT OR FUNCTION ON THE PREMISES, SPACES OR IN BUILDINGS OF THE NORTH-WEST UNIVERSITY**

<b>CONTACT DETAILS OF THE APPLICANT</b>			
<b>NB: To comply with the Safety at Sports and Recreational Events Act 2 of 2010, applicant must be 21 years of age and above to complete this form.</b>			
<b>Name:</b>		<b>Cell phone number:</b>	
<b>Surname:</b>		<b>Telephone number:</b>	
<b>Staff/student number:</b>		<b>E-mail address:</b>	
<b>ID Number:</b>			
<b>Department:</b>			
<input type="checkbox"/> Department	<input type="checkbox"/> Faculty	<input type="checkbox"/> Residence	<input type="checkbox"/> Religion association
<input type="checkbox"/> External organisation	<input type="checkbox"/> School	<input type="checkbox"/> Student Society	<input type="checkbox"/> Student leadership structure
<input type="checkbox"/> Other (Please name):			
<b>DETAILS OF THE EVENT OR FUNCTION</b>			
<b>1. Name of event or function:</b>			
<b>2. Type:</b>			
<b>2.1 Is the event involving any Political Party or Figure/High Profile Person?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2.2 If yes, Provide the following information:</b>			
<b>2.2.1 Name of Political Party:</b> _____			
<b>2.2.2 Name, position and contact details of speakers:</b> _____			
<b>NB: Applications involving Political Parties or Political Speakers and to get permission for gatherings, picketing and demonstrations must be submitted to the University Registrar for approval.</b>			
<b>3. Purpose of event or function:</b>			
<b>4. Space or Venue required:</b>			
<b>5 Estimated number of persons expected:</b>			
<b>6. Starting date:</b>			<b>Time:</b>
<b>7. Conclusion date:</b>			<b>Time:</b>
<b>8. Composition of attendees:</b>			
<input type="checkbox"/> NWU Students	<input type="checkbox"/> NWU Staff members	<input type="checkbox"/> School learners	
<input type="checkbox"/> Other NWU Stakeholder	<input type="checkbox"/> Relatives	<input type="checkbox"/> Religion association	
<input type="checkbox"/> Other (Please name):			
<b>9. Catering services – will food and beverages be served at the function/event?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9.1 Will you be using the NWU or external catering service provider?</b>			<input type="checkbox"/> NWU <input type="checkbox"/> External
<b>9.1.1 If external, provide name of catering company:</b> _____			
<b>NB: It is the responsibility of the organiser to ensure any caterers serving food on the NWU facilities must hand in a certified copy of their COA (Certificate of Acceptability) issued by Department of Health, at the manager of the cafeteria to the relevant Campus Catering Manager.</b>			
<b>10. Will alcohol be served?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10.1 Will alcohol be served for free or sold?</b>			<input type="checkbox"/> Free <input type="checkbox"/> Sold

**NB:** The usage of alcohol on the NWU facilities must be coordinated with the manager of the cafeteria. For a cash bar a liquor licence has to be obtained. This must be done 16 days in advance of the date of the function and submitted to the cafeteria manager.

11. Will you be playing music at the event that could possibly interfere with the core business of the University Yes No

11.1 If you answered "yes" to question 15 please give details on the measures you have put in place to ensure the music does not disturb the academic programme on campus:

**PLEASE ATTACH DRAFT PROGRAMME TO THE APPLICATION FORM**

YES

**INTERNAL APPLICANT: PROVISIONAL APPROVAL OF EVENT OR FUNCTION BY DIRECTOR OR LINE MANAGER**

I am aware and support the function or event pending the approval by the Campus Committee.

\_\_\_\_\_  
Name and surname of Direct Line Manager

\_\_\_\_\_  
Signature: Direct Line Manager

\_\_\_\_\_  
Name and surname of Executive Dean/Support Director

\_\_\_\_\_  
Signature: Executive Dean/Support Director

\_\_\_\_\_  
Name and surname of relevant DVC/Executive Director

\_\_\_\_\_  
Signature: relevant DVC/Executive Director

**ALTERNATIVE ORGANISER DETAILS**

**Name:** \_\_\_\_\_

**Cell phone number:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Staff/student number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**UNDERTAKING**

I ..... (full name and surname), the undersigned, and properly authorised by the organisation on whose behalf this application is made, herewith undertake to adhere to the requirements of the University in utilising its facilities for hosting the above event, and guarantee that my actions will not interfere or disturb the core business of the University. I further commit myself to indemnify the University completely should any damage or harm arise from the contemplated activity due to my negligence. I hereby guarantee that I will cooperate with the University's authorised officials to ensure order at the University as well as the safety of the participants attending the event and the staff and students at the NWU.

Signed in \_\_\_\_\_ on the \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_.

ID number: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

\*The applicant is responsible to liaising with internal departments such as Catering Manager, Protections Services to get support when organising the event.

\*\* A complete programme / planning must be attached with your application form.

FOR OFFICE USE ONLY – Classification of event or function.

<input type="checkbox"/> Political	
<input type="checkbox"/> SASREA Event	NWU Event Organiser? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Student Life Function	
<input type="checkbox"/> External Function	

**Contact details of the three Campus Liaison Staff:**

	Mafikeng Campus	Potchefstroom Campus	Vaal Triangle Campus
Contact person:	Mr Nhlanhla Mbatha	Mr Tsholanang Tlhapi	Ms Doris Setshego Mholo
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