

Program / Event Request



- Use this form to request delivery of a program, event, workshop, presentation or activity at any of our libraries.

Your details:

First name:	Last name:
Contact number:	
Email address:	

Program/event details:

Name of program/event:
Description of program/event:
Who will facilitate the program/event?:
Library staff assistance required?: ☐ Yes ☐ No
Details of assistance required (if applicable):

Venue and resource requirements:

Size of room required: ☐ Small (up to 15 people) ☐ Medium (16-30 people)
Equipment required: ☐ Projector/Screen ☐ TV/Monitor ☐ Microphone ☐ Tables & how many: _____ ☐ Wi-Fi ☐ Chairs & how many: _____ ☐ Laptop ☐ Other: _____
Materials required:
Maximum number of attendees:

Session timing:

Length of time required for set up:
Length of time to run session:
Length of time required for pack up:
Total time required in venue:

Collection Notice

East Gippsland Shire Council collects information provided by you in this form to consider your application for a commercial tip account. East Gippsland Shire Council will only disclose your personal contact information to a third-party where required to do so by law. Information shared in this situation will be in accordance with the requirements of the Privacy and Data Protection Act 2014. If incorrect information or details are provided Council will be unable to assist you with this request. For more information on Council's Privacy Policy, please visit Council's *Privacy Statement* on our website or email feedback@egipps.vic.gov.au if you have any questions.

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Location/s:

Which library location/s will be visited:	☐ Bairnsdale	☐ Lakes Entrance
	☐ Orbost	☐ Paynesville
	☐ Omeo	☐ Mobile
	☐ Other: _____	

Proposed dates/time:

Preferred dates/time: _____ / _____ / _____	_____ am / pm
Alternative dates/time: _____ / _____ / _____	_____ am / pm
_____ / _____ / _____	_____ am / pm
_____ / _____ / _____	_____ am / pm

Additional information:

Please provide any additional information relevant to your request:

Office Use Only:	
Date received: _____ / _____ / _____	Reviewed by: _____
☐ Approved ☐ Approved with conditions ☐ Further information required ☐ Not approved	
Comments: _____	
Officer name: _____	Date: _____ / _____ / _____

Contact Council

-  **Phone:** 03 5153 9500
-  **Email:** feedback@egipps.vic.gov.au
-  **Website:** eastgippsland.vic.gov.au
-  **Mail:** PO Box 1618, Bairnsdale VIC 3875

Customer Service Centres:

- **Bairnsdale:** 273 Main Street
- **Lakes Entrance:** 18 Mechanics Street
- **Mallacoota:** 70 Maurice Avenue
- **Omeo:** 179 Day Avenue
- **Orbost:** 1 Ruskin Street
- **Paynesville:** 55 Esplanade