



Wagga Wagga Four Wheel Drive Club Inc.
Post: P.O. Box 5842, Wagga Wagga, NSW 2650
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EXTERNAL ORGANISATION APPLICATION TO USE QUARRY TRAINING AREA & KEY REQUEST (QTA)

Applicants must read the Quarry Training Area (QTA) Policy/Conditions for Use before completing this form.

Forms must be lodged with the QTA Conveyor, Wagga Wagga Four Wheel Drive Club Inc. by email gta.wagga4wdc@gmail.com at least 1 month before first use to allow time for Committee consideration and approval by Quarry Training Area Sub Committee.

QTA use requested BY:	
Dates of use for the QTA:	
Name of authorised Person:	
Postal Address:	
Phone:	Email:
<p>Please list ALL activities you will be conducting at the QTA e.g. 4x4 driver training, education program etc.</p> <p>If insufficient space, please attach your list</p>	
Activities	Number of Participants
<p>How many, and what types of vehicles do you expect to be using the QTA during activities?</p>	
Types of vehicles	Numbers

How will toilet facilities be provided for participants?	
The person conducting the activity has appropriate skills and the authority of the organisation:	Yes / No
A Risk Management Plan for all activities is attached:	Yes / No
A copy of our current Public Liability Insurance Policy is attached:	Yes / No
I have read and agree to abide by the terms and conditions of the Clubs 'Quarry Training Area Policy and Conditions of Use':	Yes / No
I agree that: <ul style="list-style-type: none"> ➤ Participants will abide by the QTA Policy and Conditions for Use. ➤ The person conducting the activity has appropriate skills and the authority of the organisation. ➤ The person conducting the activity has responsibility for the safety of all participants. ➤ A Risk Assessment for the activity has been undertaken and documented. ➤ The key shall be return within 24 hrs of completion of the activity. 	
Signature of authorised person:	

Wagga 4WD Club Inc. (office use)			
QTA Committee approval: Yes () No ()		Date:	
Reason if not approved:			
This organisation has supplied a copy of:		Current Public Liability Insurance Policy	Yes () No ()
		: Risk Assessment	Yes () No ()
Date received by QTA sub-committee:		Date Organisation notified:	
Requested contribution to QTA costs: \$		Contribution paid: Yes / No	
Club equipment requested (list):			
		Approved: Yes / No	
		Approved: Yes / No	
Equipment maintenance contribution requested: \$		Equipment payment received: Yes / No	
Activity dates entered on Web Calendar by:			
Name of Club representative:		Date:	
Position:		Signature:	

Additional conditions of use:		
Date key signed out:	Key custodian Name:	Signature:
Date key returned:	Key custodian Name:	Signature:

Post Activity:

Report of incidents, accidents or issues:
Condition of equipment & QTA after activity:
Action taken if required:

COPIES: One copy to Organisation. One copy to Club records to be kept on file for 6 years