

CULTURAL HERITAGE SERVICES BOOKING FORM

ABN 59 421 604 285 | WWAC ICN 7839

P.O. Box 241, Swan Hill, 3585

WWAC BOOKING FORM - CULTURAL HERITAGE SERVICES					
PART A: APPLICANT/PROJECT DETAILS					
Organisation or Company Making Request:	Applicant Name:				
	Organisation:				
	Phone/ Mobile:				
	Email:				
	ABN:				
On-Site Contact Person:	Name:		Mobile:		
Project Details:	Name of Project:				
	CHMP No:				
PART B: BOOKING DETAILS					
Type of Field Work:	Activities <input type="checkbox"/> Welcome to Country <input type="checkbox"/> Smoking Ceremony <input type="checkbox"/> Welcome to Country and Smoking Ceremony <input type="checkbox"/> Meeting (1 hour) <input type="checkbox"/> Research and Language for Signage CHMP Activities <input type="checkbox"/> CHMP Inception <input type="checkbox"/> CHMP Salvage <input type="checkbox"/> CHMP Standard Assessment <input type="checkbox"/> CHMP Complex Assessment <input type="checkbox"/> Final CHMP Consent			Fee (GST exclusive) \$600 \$600 \$1,000 \$1,000 (2 people) On-enquiry \$1,000 (2 people) \$1,450 \$1,450 \$1,450 \$1,450	
Date/s Requested:	<input type="checkbox"/> Mon	___ / ___ / ___	From:	To:	
	<input type="checkbox"/> Tues	___ / ___ / ___	From:	To:	
	<input type="checkbox"/> Wed	___ / ___ / ___	From:	To:	
	<input type="checkbox"/> Thurs	___ / ___ / ___	From:	To:	

	<input type="checkbox"/> Fri	___ / ___ / ___	From:	To:
	<input type="checkbox"/> Sat *Increased fee	___ / ___ / ___	From:	To:
	<input type="checkbox"/> Sun *Increased fee	___ / ___ / ___	From:	To:
Number of Field Representatives required for each day: (Min 2 per day)				
Meeting Place/ Location: (refer below)	<input type="checkbox"/> Map Attached			
Required PPE:				
Accreditations (White Card/Rail):				

WWAC OH&S Policy	<p>All Field Representatives have a minimum of 15 minutes allocated for both morning and afternoon breaks with a 30-minute lunch break (1 hour in total).</p> <p>On days of extreme weather conditions:</p> <ul style="list-style-type: none"> • When the temperature reaches 32°C, WWAC Field Representatives are required to work in the shade and have a 10-minute break every hour (in the shade). • If the conditions are no longer safe (i.e. High Wind Speeds), temperature reaches 36°C or shade is not available, WWAC Office is to be contacted by HA to discuss implementation of stop works. • If it is declared to be a day of Total Fire Ban, WWAC Office is to be contacted by HA, and works will be cancelled.
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PART C: BILLING DETAILS / WWAC BILLING AND BOOKING POLICY

- Certification and agreement of Sponsor/Billing Recipient who warrant that the below details are true, correct, and accurate, and confirmation that the submission of this booking form is acceptance by them of all terms and conditions associated with the booking.
- By providing billing details and signing the Booking Form, you agree to pay the required fee, as per our Schedule of Fees.
- Invoices are due and payable within 14 days and referral to a collection agency may occur on default without further notice.
- Supply of ACN/ABN and correct details are required.
- Form should be completed and must be signed with a signature.

Billing Details	Sponsor/Billing Name:	Email: Purchase Order No: ABN/ACN:
	Company:	
	Address:	
	Phone:	

WWAC Booking Policy	<ul style="list-style-type: none"> • Bookings will be confirmed by Email only, up to 48 hours of receipt of the booking form. • WWAC requires up to a weeks-notice for all bookings. Short notice bookings will not be accepted. • The number of WWAC Field Representatives required is a minimum of two, unless otherwise agreed upon, prior to engagement. • A Cancellation fee of 100% of the total fee (including full accommodation fees) will be charged if the booking is cancelled by the Sponsor or Heritage Advisor, within 2 business days of commencement date, unless otherwise agreed. 	
MANDATORY Sponsor/Biller Signature	<input type="checkbox"/> I have read, understood, and agree to the WWAC Policies as outlined above <i>Signature</i>	Date:
WWAC Contacts	Submit a Booking Form via email to rap@wambawemba.com Cultural Services Contact - Dan Mason 0418 789 302 CHMP Contact – Kiea Charles 0456 006 135	