**ST. JAMES’S CHURCH HALL**

52 WOODBOROUGH ROAD, WINSCOMBE BS25 1BA

**ADDENDUM TO STANDARD CONDITIONS OF HIRE**

**FROM 1ST MAY 2021**

**CORONAVIRUS (COVID-19)**

The Parochial Church Council has carried out a Risk Assessment for the re-opening of St James’s Church Hall following the easing of COVID-19 restrictions. (STJ 011 dated 31st July 2020 refers - a copy will be made available to Hirers)

Coronavirus (COVID-19) has been identified as a life-threatening infection. Under the Control Measures it states

“Users and hirers of the hall have responsibility for managing risks arising from their own activities when they have control of the premises, and should take account of any guidance relevant to their specific activity or sector.

They must provide the Hall Management with a copy of their own Risk Assessment before they will be allowed to use the hall. Measures should include COVID-19 hygiene controls, strict adherence to social distancing, limitations on social interactions and recording of attendees for NHS test and trace, with records kept for at least 21 days.”

This Addendum to the Standard Conditions of Hire requires Hirers to provide their own Risk Assessment to the Booking Secretary at least 7 days before the date of their booking. The Risk Assessment will be vetted by the Hall Management and the booking will be authorised subject to approval.

To

Booking Secretary

Douglas Ogram

Address St James’s Church Hall

52 Woodborough Road

Winscombe

North Somerset

BS25 1BA

Telephone 01934 820972 } 9.00 am - 5.00 pm

07967 362027 } Monday to Friday

Email: [douglas@ogram.com](mailto:douglas@ogram.com)

Hirer Name ........................................................

Address ........................................................

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Telephone Number ........................................

Email ........................................................

Organisation ..................................................

I enclose a copy of our Risk Assessment for the hire of St James’s Church Hall from

Date ………………………………………

Reference Number …………………………

I also confirm that I will comply with the COVID-19 Control Measures outlined in Risk Assessment STJ 011

Signed ………………………………………

Date ………………………………………

Approved by

Name ………………………………………. Designation …………………………………

On behalf of Winscombe and Sandford Parochial Church Council

Signature ……………………………………….

Date ……………………………………….