

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:

Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property. When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act 2014*. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail feedback@egipps.vic.gov.au

APR 2026

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:

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

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