**Therapy Room Rental Contract**

This agreement is made between Yvonne Timms (t/a Parkview C. and P. Ltd), within Parkview Therapy and Chiropody Centre, and

Hirer’s Name……………………………………………………………………………………

**UNDERSTANDING**

The room hire agreement is for hire of a consultation room(s) at Parkview Therapy and Chiropody Centre, 422 Firth Park Road, S5 6HH, with the intention that all practitioners will practice mutually supportive businesses. The hirer will not have exclusive use of the premises but will share the use with other practitioners. The hirer will use the premises only for the purpose of the clinic and will not use the premises for any illegal or immoral purposes and/or do anything which may cause annoyance to other users within Parkview Therapy, or other users of 422 Firth Park Road.

Parkview C. and P. Ltd may terminate this agreement forthwith if the hirer fails to observe or perform any obligation under this agreement. For all bookings, this agreement must be signed, and agreed by Parkview C. and P. Ltd before confirmation will be issued.

**AVAILABILITY**

Consultation rooms can be hired by the session or the day. **A session** is either AM: 0900-1300 or

PM: 1400-1800. **(4-hour block)**. A **full day** is 0900-1800. **(9-hour block).** Hire of consultation rooms outside of usual clinic opening times may be available by agreement, but there may not be any reception cover available^, the hirer being responsible for payment collection, appointments and securing the building on exit. The clinic will not be staffed on Bank Holidays, but may be available to hire, by arrangement.

**REGULAR BOOKINGS\*\***

Regular bookings will be made on a rolling 3 month contract period. Amendments can be made at the end of each 3 month period, giving at least 1 months notice before the end of the period. The consultation room hire will commence from the 1st of each calendar month. The fee calculated will be **paid** **in advance** by BACS, on the 1st of each calendar month, and your name should be put into the reference section. Late payments will incur a £40 administration charge and a 10% interest charge per week that it is overdue. Fees reviewed annually and may be subject to change.

**RATES OF HIRE - REGULAR BOOKINGS \*\***

Individual session (**4-hour block)**: £30 (£45 using reception services by prior agreement^)

Full day (**9-hour block):** £50 (£65 using reception services by prior agreement^)

**RATES OF HIRE - AD-HOC BOOKINGS \***

Additional, or one-off room hire bookings can be made, subject to availability and agreement.

These can be booked per hour, session, or per day. **Payment for the hire of each room will be required at the time of hire, and is non-refundable**. (No reception services available).

Hourly rate: £20 (daily minimum).

Individual session (**4 hour block)** : £60 Full day (**9 hour block)**: £100

**CLIENT PAYMENTS**

Parkview reception staff can take the payments from each client, if required. Payments will be received by cash, cheque or card (50p fee per card transaction deducted). All such payments taken will be paid to the hirer, by BACS, on the last day of each month and a written statement, showing totals, will be emailed to the hirer. (Applicable to regular booking fees only\*\*).

**MARKETING**

The room rental will not cover your own personal marketing costs. Parkview C. and P. Ltd will provide and maintain a website. Parkview C. and P. Ltd may manage some social media throughout the year, but individual therapists will be responsible for adding any individual content to both, with prior approval.

Any individual marketing will require the clinic name or logo and contact details (address, website and telephone number as a minimum).

**ARRANGEMENTS**

Parkview C. and P. Ltd may provide reception service, hours by prior agreement^, if required. They will take calls and handle your bookings, welcome your clients, rebook your clients, and take payment. Your clients will have the benefit of the facilities, including on road free car parking spaces (subject to availability), toilets etc. Parkview C. and P. Ltd will provide the hirer with a furnished, warm, clean and tidy consultation room.. (Applicable to regular booking fees only\*\*).

The hirer will in return maintain the condition of the treatment room, and leave it as initially

found. All hirers will be responsible for keeping and storing their own client notes. Parkview C. and P. Ltd will not be held responsible whatsoever for loss of client notes, as this will be the hirers sole responsibility. Parkview C. and P. Ltd will not store or file hirer’s client notes on the premises, unless prior agreement has been made.

The hirer will report any damage to equipment, furniture or the building immediately, and will

be responsible for any repair costs if deemed at fault. The hirer will be responsible for the health and safety of their clients. Parkview C. and P. Ltd will not be responsible for damage to personal property.

All coats and bags are left at the hirer’s and client’s own risk.

The hirer will be responsible for the removal of any special waste generated by your therapy,

according to necessary regulations. The hirer accepts full responsibility for their own conduct

and that of their clients around the treatment rooms and other clients/users who may be

present. The hirer agrees to be considerate and courteous at all times in dealing with clients,

tenants of the building and local residents.

There is to be **no burning objects such as candles**, and the hirer is required to take all necessary steps to comply with health and safety and fire safety standards. The moderate use of music is acceptable, but the level of sound must be respectful to the other users of the rooms and facilities.

The hirer will provide Parkview C. and P. Ltd with copies of all professional qualifications, and both professional and public indemnity insurances, which must be valid when hiring the consultation room. Food and drink (other than water) is not permissible in any consultation room, unless by prior agreement.

**COVID**

All treatment room, cleaned prior to use, contain sinks, disposable paper hand towels, and hand wash for hirer’s use. All rooms have windows, openable for additional ventilation but it the hirer’s responsibility to close and lock them after room use. Hand sanitizer is available in waiting areas for client’s use. All client’s and hirers are encouraged to wear facemasks in all communal areas, unless medically exempt. (Individual masks are available for purchase for 50p at reception). Hirers are responsible for room/equipment sanitization between clients, during hours of use. Disinfectant spray is provided for use in all treatment rooms but must not be removed.

**PARKING**

There is free on road parking available for hirers and clients in front of the

building for up to 1 hour or past the speed bumps, or nearby side roads for an unlimited time; subject to availability.

Signed …………………………………..Name …………………………..,,,,……………(hirer)

Date ………………………

Signed ………………….....................Yvonne Timms (t/a Parkview C. and P. Ltd),

 Date ………………………

**Room Hire booking form**

I would like to book a consultation room for the following sessions (please tick):

**REGULAR BOOKINGS \*\***

Individual session (**4-hour block)**: £30 (£45 using reception services by prior agreement^) *AM/PM*

Full day (**9-hour block):** £50 (£65 using reception services by prior agreement^)

*INDICATE DAY:* *MON/TUES/WEDS/THURS/FRI/SAT*

**RATES OF HIRE - AD-HOC BOOKINGS \***

Hourly rate: £20 (1 HOUR daily minimum).

Individual session (**4 hour block)** : £60 *AM/PM*

 Full day (**9 hour block)**: £100

*INDICATE DAY:* *MON/TUES/WEDS/THURS/FRI/SAT*

Payment for regular bookings\*\* to be made by BACS, IN ADVANCE on the 1st of each month.

\*Ad hoc booking hire, payment **due at time of each booking.**

(Please put your name in the reference.)

 **I agree to the terms and conditions as explained in the room hire agreement.**

**On first booking, I attach copies of qualifications, professional and public liability insurance.**

Signed ………………………………………… Print Name …………………………..,,,,……………(hirer)

Date ………………………

Signed …………………..................... Yvonne Timms (t/a Parkview C. and P. Ltd),

 Date ………………………

**PAYMENT DETAILS:**

Yvonne Timms (t/a Parkview C. and P. Ltd) Virgin Bank Sort 05-08-03 Acc. 21735865 (Include name/company in the reference section)