**General Details:**

|  |  |
| --- | --- |
| Contact Name |  |
| Contact Number |  |
| Contact E-mail Address |  |

**Proposed Area of Works:**

|  |  |
| --- | --- |
| Building Name: |  |
| Room Number / Area: |  |

**Summary of project:** Brief description of the project

|  |
| --- |
|  |

**Background to the proposal:** Description of why the project is required

|  |
| --- |
|  |

**Aim and outcomes of the proposal:** Description of the benefits of the project

|  |
| --- |
|  |

**Financial & Timescale:**

|  |  |  |
| --- | --- | --- |
| Funding Source (School / Dept / SMC) |  | |
| Requested Completion Date |  | |
| Date Restrictions E.g. Open Days |  | |
| School / Department Budget Code (where applicable) | |  |

When complete, please e-mail the completed form to:

[spaceresource@nottingham.ac.uk](mailto:spaceresource@nottingham.ac.uk)

*Please Note – Only projects which have been approved by Head of School / Department will be considered. Please ensure they are copied in when sending through your support request form.*