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**CLINICAL SKILLS FACILITIES BOOKING REQUEST FORM**

This form is for either ‘off IMAT’ sessions or as an equipment confirmation, for sessions already booked on IMAT (**IMAT booked sessions without a booking form will be prepared as ‘space only’ bookings)**

Please see the Clinical skills Booking Policy <http://nottingham.ac.uk/mhs/facilities/clinical-skills/booking-equipment/index.aspx>

**PART A ROOM BOOKING**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Session Details | Date of Session | Click here to enter a date. | **Start Time** |  | **Finish Time** |  |
| Class Organiser (email address) |  |
| Class Teacher (email address) |  |
| School / Division | Choose an item. |
| Module / Class Code |  |
| Total students undertaking the session |  |
| Maximum individual group size |  |

Whilst this form gives the option of indicating your preferred teaching area, **areas will be allocated according to the best use of space.**

Please see <http://nottingham.ac.uk/mhs/facilities/clinical-skills/about/index.aspx> for details

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Teaching Area |  | Requested | Set up notes |
|  | Zone 1a |[ ]   |
|  | Zone 1b |[ ]   |
|  | Zone 1c |[ ]   |
|  | Zone 1d |[ ]   |
|  | Zone 2a |[ ]   |
|  | Zone 2b |[ ]   |
|  | Zone 2c |[ ]   |
|  | Zone 3a |[ ]   |
|  | Zone 3b |[ ]   |
|  | Zone 4a |[ ]   |
|  | Zone 4b |[ ]   |
|  |  |  |  |
|  |  |  |  |

**PART B: TEACHING RESOURCES**

If you have a ‘standard equipment list’ filed with us, please enter the filename or reference below

|  |  |
| --- | --- |
| Filename: |  |

Health & Safety Risk Assessment: (by submitting this form you are confirming that appropriate Risk Assessment has been undertaken and actioned)

|  |  |
| --- | --- |
| Filename: |  |

Continued overleaf

|  |  |
| --- | --- |
| Equipment | Please list your equipment requirements below in as much detail as possible |
| ITEM | Quantity |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Consumables | Please list your consumable requirements below in as much detail as possible |
| ITEM | Quantity / session | Quantity / cohort |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PART C: Simulated / Volunteer Patients**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will simulated patients be involved in this session | [ ]  | Many Many? | Expected arrival time | Agreed arrival location |
| Please detail refreshments organised |  |
| Additional information |  |

Please submit this form by email to: MS-ClinicalSkill@exmail.nottingham.ac.uk

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Date received | Click here to enter a date. | Source (email address) |  |
|  |
| Booked (if available) |  | Date confirmed (or declined) | Click here to enter a date. | Transferred to shared file |[ ]
|  |
| Booked by |  | Date / Time | Click here to enter a date. |  |