C L I N I C A L S K I L L S

# OUTSIDE SUPPORT RECORD SHEET

*Please give at least two weeks’ notice and email completed form to:* [MS-ClinicalSkill@nottingham.ac.uk](mailto:MS-ClinicalSkill@nottingham.ac.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) equipment required: | | | Time for collection: |
| Room Number / Location of equipment: | | | |
| Person responsible for equipment: | | | |
| Contact Details: | | | |
| *Please note that all returned equipment needs to be “checked in” by a member of Skills Centre staff, to ensure it is in working order and not damaged, prior to its being returned to the store. If equipment is damaged or malfunctions whilst on loan, we would appreciate you identifying this to us.\**  \*Date and time equipment to be returned: | | | |
| List of consumables/equipment requested | | | |
| No. | Item | Comments | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |

**Confirmation of working condition**

**By signing below, you are confirming the above equipment is in working order and that whilst on loan you take responsibility for its safekeeping.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

We expect Clinical Skills equipment to be returned in the same condition as when loaned out!