

**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 |
|  |  |
|  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Consumables | Please list your consumable requirements below in as much detail as possible | | |
| ITEM | Quantity / session | Quantity / cohort |
|  |  |  |
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**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](mailto: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. |  |