**CSSC BOOKING REQUEST FORM**

HOW TO MAKE A BOOKING REQUEST:

1. **Please note this is NOT confirmation of a booking, this is only a request.**
2. For best results, please provide as much information about your needs as possible.
3. Please submit your Booking Request Form a minimum of 30 DAYS PRIOR to your proposed event date.
4. Please submit your completed form via email to: med-cssc@monash.edu
5. Please ensure you read and understand the Conditions of Hire.
6. Please ensure you are familiar with our 2017 Fee Schedule.

## Monash Rural Health can make no guarantee that the rooms will meet the requirements of your event. It is recommended you view the rooms to ensure they satisfy your requirements. If you would like to do this, please contact Simulation Administrator via med-cssc@monash.edu

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposed day/s & date/s of event:** | | |  | | | | | | |
| **Start time:** |  | | | | **End time:** | |  | | |
| 1. **Contact Details** | | | | | | | | | |
| **Name of Event:** | | |  | | | | | | |
| **Name of Coordinator & Organisation:** | | |  | | | | | | |
| **Contact Email:** | | |  | | | | | | |
| **Contact Phone Number:** | | |  | | | | | | |
| **Are you NHET-Sim trained?** | | | Yes □ No □ (if not you will be required to have a Monash educator present) | | | | | | |
| **Do you wish to film the simulation?** | | |  | | | | | | |
| **Number of Participants:** | | | □ Medical □ Nursing □ Allied Health □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Will Monash students be attending?** | | | Yes □ No □ | | | | | | |
| 1. **Rooms Required** | | | | | | | | | |
| **Hi-Fidelity** | | Yes □ | | No □ | **Briefing Room** | | | Yes □ | No □ |
| **Sim Gym** | | Yes □ | | No □ | **Sim Ward** | | | Yes □ | No □ |
| 1. **Equipment Required** | | | | | | | | | |
| **3G Manikin** | | Yes □ | | No □ | **Essential Bleed Manikin** | | | Yes □ | No □ |
| **SimPad Manikin** | | Yes □ | | No □ | **SmartMom Manikin** | | | Yes □ | No □ |
| **Part Task Trainers** | | Yes □ | | No □ | **Consumables** | | | Yes □ | No □ |
| Please list part task trainers & consumables needed: | | | | | | | | | |
| **Do you require auditorium or tutorial rooms? (If yes please attach general teaching space room booking form)**  Yes □ No □ | | | | | | | | | |
| ***I confirm that I have read and understood the Conditions of Hire and my obligations relating to these Conditions of Hire.*** | | | | | | | | | |
|  | | | | | |  | | | |
| Signed: | | | | | | Dated: | | | |