New

Change

**Teaching Areas**

1. Cubicle A (ward setup with seating for 60 and projector)

2. Cubicle B (ward setup with seating for 60 and projector)

3. Cubicle C (ward setup with seating for 60 and projector)

4. Cubicle D (ward setup with seating for 60 and projector)

5. Side Ward 1 (studio setup for 5 people max. with recording capability)

6. Side Ward 2 (studio setup for 5 people max. with recording capability)

7. Side Ward 3 (studio setup for 5 people max. with recording capability)

8. Side Ward 4 (studio setup for 5 people max. with recording capability)

9. Seminar Room (lecture room for 40 people with projector)

**Please Note:**

* Bring your own bed linen for use on patients
* No patients to be left unattended in G13
* Access to ward kitchen to be requested
* Food and drink, only allowed in Cubicle A

**BOOKING DETAILS:** (confirmation of booking will be forwarded via email)

**Activity: ­­­­­­­­­­­­­­­­­­­­­­­­­**

**Booked by:**

**Contact: Tel:**

**Email:**

**Please complete all boxes (Insert rows if required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start Date | Start Time | End Time | A Lecture area needed (y/n) | Number of participants |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ADDITIONAL DETAILS:**

Please list equipment requirements:

|  |  |
| --- | --- |
| Please list equipment requirements: (attach separate list if more space is required) |  |

**BILLING DETAILS:**

Quote / Invoice to:

**Email:**

**CONDITIONS OF USE:**

1. Bookings will only be accepted if they are submitted on a venue booking form prior to commencement of training
2. A booking is not confirmed until confirmation is received in writing from Clinical skills administration
3. Any changes to your booking must be submitted on a venue booking request form
4. Any cancellations must be received in writing via email
5. All areas used must be left in a clean and tidy condition
6. No person shall in any way damage, deface or mark any part of the room, furnishings or equipment
7. The hirer shall assume responsibility for the venue and its contents as well as for the conduct of all persons associated with the booking during the hire/use period
8. Please report any damage discovered to the Clinical Skills administrators
9. Subject to our terms and conditions outlined in our SOP: [www.clinicalskills.uct.ac.za](http://www.clinicalskills.uct.ac.za)

**Declaration:**

I/We hereby make application to use the Clinical Skills Lab facilities and services and will not hold liable UCT or employees for any personal injury or loss of property.

I/We have read and understood the above Conditions of Use and agree to uphold them for as long as the term of this agreement.

Name:

Date:

Signature:

*For official use:*

*This booking has been added to the bookings calendar:*

Yes

No

Authorised by:

Date:

Signature: