** SEND TO: THE ACADEMY RECEPTION**

**THE GREAT WESTERN HOSPITAL**

**MARLBOROUGH ROAD**

**SWINDON.**

###### SN3 6BB

###### EMAIL TO: [gwh.academy.reception@nhs.net](mailto:gwh.academy.reception@nhs.net)

# ROOM BOOKING FORM

|  |  |
| --- | --- |
|  | **ALL** **BOOKING** **DETAILS MUST BE COMPLETED** |
| **DATE/S REQUIRED:**  *(Or Frequency i.e. every Tuesday*) |  |
| **TIMES:** | **FROM: TO:** |
| **PREFERRED ROOM:**  *(This cannot be guaranteed)* |  |
| **SESSION TITLE:** |  |
| **NUMBER OF DELEGATES:** |  |
| **ORGANISER NAME:**  *(Person making the booking)* |  |
| **ORGANISER CONTACT NO :** |  |
| **HOST NAME:**  *(We require the host to sign on the day to confirm the booking took place)* |  |
| **DEPARTMENT** |  |
| **CATEGORY OF BOOKING** (Training, MDT Meeting, Meeting, Interview) |  |
| **EQUIPMENT REQUIREMENTS:**  (e.g. / Laptop / Microscope / OHP/Videoconferencing/View X Rays) |  |
| **INVOICE DETAILS FOR CHARGEABLE BOOKINGS** |  |
| **SPONSORSHIP DETAILS**  *(If applicable)* |  |

*FOR OFFICE USE ONLY*

|  |  |
| --- | --- |
|  | DATE |
| FORM RECEIVED: |  |
| BOOKING / MULTI BOOKING NUMBER: |  |
| **DETAILS ENTERED ON SYSTEM & FORM FILED:** |  |
| **ROOM BOOKED DETAILS:** | E-mailed Date: |
| **INITIALS** |  |