

Simulation Training Booking Form

Please complete and sign this form and return to clinicalskillsandsimulation@mkuh.nhs.uk

Name:	
Job title:	
Ward/Department/Directorate or address:	
E-mail:	
Contact number:	
Simulation required? (Please circle) PLEASE PROVIDE DETAILS	<i>In situ</i> / Simulation Suite
Frequency: (Please circle - if recurring please state frequency)	One-off / Recurring course
Simulation Facilitator(s) Name and contact details:	
Type and approximate numbers of participants: (e.g. Nurse, Doctor, Multiprofessional)	
Date & Time: (Please give up to 3 dates should first choice not be available)	1.
	2.
	3.

Please be aware that once a session is booked we require

- confirmation of equipment requirements **2 weeks** prior to the date of the session
- a completed scenario on the appropriate paperwork **1 week** before the session
(We will send you a template at time of booking confirmation).

If these are not received this may result in the session being cancelled.

If you have any questions or require any assistance completing the form please contact the Sim Team (clinicalskillsandsimulation@mkuh.nhs.uk or ext 85090 or 01980 995090).

Signed: _____

Date: _____

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Simulation suite use only

Date Received:

Room(s) Allocated: _____ Initial: _____