**Kadoorie Centre Room Booking Form**

|  |  |
| --- | --- |
| **Date of meeting / training**  |  |
| **Title of meeting / training**  |  |
| **Start and finish time of meeting / training.** **Please include any setting up or clearing away time you may need.**  |  |
| **Type of meeting / training** (this should describe the type of activity it is e.g. Paeds training day, Dentists F1 training etc.) |  |

|  |  |
| --- | --- |
| **Which training room/s do you wish to book?**  | **Please tick** * + Lecture Theatre
	+ Simulation Suite
	+ Skills Labs 1a & 1b
 |
| **Organiser’s contact details****Please list** * **Name**
* **Full address/department/ward**
* **Telephone number**
* **Email address**
* **Cost Centre** (if relevant Axxxx)

Please also put an alternative contact name in case the above named is on leave. (Must be filled out or booking form not valid.) |  |
| **Address for invoice** (if you have a Charitable Funds account, please give us the Ward name and CF Account No: e.g Daisy Ward CF 0444)**If you are a part of the Trust then please give us details of Cost Centre Code & Name to recharge internally.** |  |
| **Is there a PO or Reference number you wish us to quote when invoicing?** (If left blank we will just put the course name, date & time on the invoice and state which room was hired.) |  |
| **Any further information that is relevant to this booking?** (i.e. will you be charging participants attending the course?)  |  |

***Important note:***

Please be aware that the Kadoorie Centre’s training rooms have a “**No Eating or Drinking**” policy (only water is accepted). Please make sure that the instructor is made aware of this and that they inform their students not to eat and drink within the training facilities hired (you may incur extra charges if equipment is damaged or carpet is stained through consumption of food and drink during your training session). All rooms hired must be left in the condition in which they were found, please close any windows opened, shut down computer or projector used and make sure the room lights are switched off at the end of your session.

***Please return the completed form to us within 14 days. Bookings are only confirmed once we have this form.***

You can choose to send it to us via post, email or fax. All details are below.

If you have any questions regarding this form or bookings confirmed, then please don’t hesitate to contact us.

**Kadoorie Centre**

**Level 3 John Radcliffe Hospital**

**Headley Way**

**Oxford**

**0X3 9DU**

**Tel:** 01865 223101 / 223103

**Fax:** 01865 223102

**Email:** Kadoorie.Centre@ouh.nhs.uk