



University of Otago Christchurch Simulation Centre  
Medical Education Unit, University of Otago Christchurch  
Level 1, 72 Oxford Terrace, PO Box 4345, Christchurch 8140  
New Zealand  
Tel : +64 3 364 3890 Fax : +64 3 364 3891  
Email : simcentre.uoc@otago.ac.nz  
Web : www.otago.ac.nz/christchurch/services/simulationcentre



## UOCSC Booking Request Form

Course (Module) Title and Description: \_\_\_\_\_

\_\_\_\_\_

Name of Facilitator/Instructor: \_\_\_\_\_

Contact person: \_\_\_\_\_

Is this booking for Internal (UOC) users

or External (Outside UOC) users

Organisation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Expected number of students: \_\_\_\_\_ Expected number of tutors: \_\_\_\_\_

Preferred Booking Date/s: \_\_\_\_\_

Booking Start Time (30 mins prior to scheduled session start time): \_\_\_\_\_

Booking Finish Time (30 mins after session finish time): \_\_\_\_\_

Session Start Time : \_\_\_\_\_ Session Finish Time: \_\_\_\_\_

Total duration of booking: \_\_\_\_\_

*(The total booking time must include a set-up and tidy-up time of 30 mins either side of the actual teaching/assessment session. Users are expected to attend to their own session set up and tidy-down during this time, or at an alternate time which must be arranged with the Centre Administrator prior to the session.)*

Rooms Required:	Entire Centre	<input type="checkbox"/>	Training Room	<input type="checkbox"/>
	Tutorial Room	<input type="checkbox"/>	Consultation Room	<input type="checkbox"/>
	Hospital Ward	<input type="checkbox"/>	Simulation Suite	<input type="checkbox"/>

If booking is for an OSCE, number of stations required: \_\_\_\_\_

Purpose of the Session/Booking (Learning Objective):

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Equipment Required: \_\_\_\_\_

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Consumables Required: \_\_\_\_\_

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Any other special requirements (eg: AV/IT support) : \_\_\_\_\_

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SimMan3G required: YES  NO  SimJunior required: YES  NO

Please note use of SimMan3G and/or SimJunior require the presence of Centre staff during the session. Bookings requests are at the discretion of the Centre and should also be discussed with the Centre at the time of submitting the booking request. Please contact the Centre Administrator in the first instance.

**Acceptance**

In making this booking request, the user confirms they have read and agree to comply with the policies of the Simulation Centre, found on our website: <http://www.otago.ac.nz/christchurch/services/simulationcentre/booking/>

An ORIENTATION PROCESS must be completed prior to the session taking place. For arrangements, please contact the Simulation Centre staff.

Print name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM BY EMAIL, POST OR FAX TO:**

UOC Simulation Centre  
Level 1, 72 Oxford Terrace  
PO Box 4345, Christchurch 8140  
New Zealand  
**Tel** 64 3 364 3890 **Fax** 64 3 364 3891  
**Email:** [simcentre.uoc@otago.ac.nz](mailto:simcentre.uoc@otago.ac.nz)  
[www.otago.ac.nz/christchurch/services/simulationcentre](http://www.otago.ac.nz/christchurch/services/simulationcentre)

**Requests:** If booking for a scenario based and/or simulation session please book the Centre at least 4 - 6 weeks in advance. Other bookings require five working days' notice. You will receive an initial acknowledgment of your request followed by an email once the booking has been confirmed.

**Please note:** There may be a charge to external users i.e. non-University of Otago Christchurch (UOC) users.

**Cancellations:**  
Bookings that are cancelled without a minimum of 3 working days' notice\* may incur charges (where charges apply).

\*Exceptions may be made for certain emergency situations.

**Disclaimer:** The UOCSC reserves the right to cancel a booking at any time due to unforeseeable circumstances.

*OFFICE USE ONLY*

Request received by UOCSC staff member	___/___/___
Confirmation to Requester on receiving booking	___/___/___
Booking confirmed in calendar	___/___/___
Booking confirmed to User	___/___/___
Booking accepted by User	___/___/___