



GEMS ROOM BOOKING REQUEST FORM

NAME: _____ ORGANISATION: _____

TELEPHONE: _____ EMAIL: _____

DEPT: _____ EXT: _____

For out-of-hours events (evenings after 18.00 and weekends), please provide the name and contact number of the event organiser or a participant that can be contacted by Security in the event of an emergency

NAME: _____ CONTACT NO: _____

BOOKING DETAILS:

DATE(S) OF BOOKING: _____ TIMES: From: _____ To: _____

NUMBER OF ATTENDEES EXPECTED: _____

ROOM(S) REQUIRED: (please select and indicate the number of rooms required where applicable)

- | | | |
|-------------------------------|--------------------------|--|
| GEMS FOYER | <input type="checkbox"/> | |
| LECTURE THEATRE GEMS0-016 | <input type="checkbox"/> | capacity 150 |
| SEMINAR ROOM GEMS0-028 | <input type="checkbox"/> | capacity 60 (only available evenings and weekends) |
| PC LAB GEMS1-023 | <input type="checkbox"/> | capacity 32 |
| PC LAB GEMS1-024 | <input type="checkbox"/> | capacity 32 |
| PBL ROOM(S) X 8 | <input type="checkbox"/> | capacity 10 per room |
| *CLINICAL SKILLS LAB(S) X 8 | <input type="checkbox"/> | capacity 10 per lab |
| *ANATOMICAL SKILLS LAB(S) X 2 | <input type="checkbox"/> | capacity 25 per lab |

A/V REQUIRED**? YES / NO IF YES, PLEASE SELECT FROM:

PC & PROJECTOR

VISUALISER

VIDEO CONFERENCING

WOULD YOU LIKE INFORMATION ABOUT THE EVENT DISPLAYED ON THE TV SCREENS IN THE BUILDING? YES / NO (If yes, this information must be supplied well in advance of the event).

ADDITIONAL REQUIREMENTS _____

BRIEF DESCRIPTION OF EVENT: _____

* **Please note:** limited availability during semester and no evening or weekend access to these rooms

****Users of the A/V facilities:** please note that there is no technical support available in the evenings or weekends. Users should have a familiarity with the facilities and be aware that should a breakdown occur, it will not be addressed until the following working day.

EXTERNAL BOOKINGS ONLY:

IF YOUR BOOKING IS FOR AN EDUCATION OR TRAINING PROGRAMME, PLEASE ANSWER THE FOLLOWING:

NAME OF COURSE _____

ACCREDITING BODY _____

TITLE AND LEVEL OF AWARD _____

GENERAL:

1. HAS THE EVENT BEEN ADVERTISED? YES NO

IF YES, STATE WHERE AND ENCLOSE COPY _____

2. IS THERE PROMOTIONAL MATERIAL AVAILABLE? YES NO

IF YES, ATTACH COPY OR WEBLINK IN THE CASE OF ELECTRONIC INFO

3. STATE AGE PROFILE OF TARGET AUDIENCE _____

4. WILL PARTICIPANTS INCLUDE PERSONS UNDER THE AGE OF 18? YES NO

IF YES, ATTACH YOUR ORGANISATION'S CHILD PROTECTION POLICY & PROCEDURES

5. STATE THE FEE YOU ARE CHARGING € _____

6. PLEASE NOTE THAT WE REQUIRE YOUR CURRENT CERTIFICATE OF PUBLIC AND EMPLOYEE LIABILITY AS WELL AS INVOICING DETAILS. YOUR BOOKING REQUEST WILL NOT BE CONFIRMED UNTIL THESE ARE RECEIVED.

STUDENT EVENTS ONLY

PLEASE PROVIDE THE NAME AND CONTACT DETAILS OF THE FACULTY MEMBER WHO WILL BE IN ATTENDANCE / SUPERVISING THE EVENT.

NAME: _____

CONTACT DETAILS: _____

Please Note: Your booking is not confirmed until you receive confirmation from GEMSBookings@ul.ie

OFFICE USE ONLY:

DATE IN: _____ EMAIL: _____ POST _____

BOOKING TRACKING & CONFIRMATION DETAILS:

DATE OF BOOKING _____ TIME FROM _____ TO _____

GEMS WEEK # _____ DAY _____

ROOM _____ DATE CONFIRMED (EMAIL SENT) _____

FULL DAY _____ HALF DAY _____

ROOM RATE _____ TOTAL INVOICED € _____

CHECKLIST OF ITEMS RECEIVED:

ADVERT MATERIAL YES NO

PROMOTIONAL MATERIAL YES NO

CHILD PROTECTION POLICY & PROCEDURE YES NO

INSURANCE CERTIFICATE YES NO

INVOICING DETAILS YES NO

DATE RECEIVED _____

NOTES/QUERIES/PROBLEMS _____
