# 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**
- **LECTURE THEATRE GEMS0-016** capacity 150
- **SEMINAR ROOM GEMS0-028** capacity 60 (only available evenings and weekends)
- **PC LAB GEMS1-023** capacity 32
- **PC LAB GEMS1-024** capacity 32
- **PBL ROOM(S) X 8** capacity 10 per room
- ***CLINICAL SKILLS LAB(S) X 8** capacity 10 per lab
- ***ANATOMICAL SKILLS LAB(S) X 2** 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:**

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<thead>
<tr>
<th>Question</th>
<th>Option</th>
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<tr>
<td>NAME OF COURSE</td>
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<td>ACCREDITING BODY</td>
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**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.

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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 ____________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

GEMSF0006.3

Last Updated: June 2015