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# East Kent Simulation: Course Booking Form

## Course Director Information

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| Full Name: | Enter full name of person with overall responsibility |  |  |
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| Phone: | Enter best number to contact the course director on |

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| Email | Enter best email address to contact the course director on |
| Division/Specialty: | List all specialties that will be involved |
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| Date Form Completed: | Enter date |

## Course Information

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| Name of Course/Event: | Enter name of course you wish to run |
| Target Participants: | Describe the number and type of participants e.g. 10 F1s and 5 Staff Nurses |
| Proposed Date(s): | Enter what date(s) you would like to run the course or preferred time of year |
| Length of course: | Would you like the course to be half day or full day? |
| Number of scenarios: | Enter the number of scenarios you would like to run |
| Details of Faculty Required: | Include details of expert/trained faculty and minimum number faculty you require |
| Location: | WHH Sim Suite, QEQM Sim Suite, Insitu |

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| Funding: | Give details of funding stream and amount or None if not supported |
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| Location details: | If you would like to run insitu, give details of location and state whether permission has been granted for clinical area to be used |

## Simulation Department Requirements

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| Sim Team: | Detail how you wish the Sim Team to be involved |

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| Technology/Patient Required: | Detail if you require Manikins (if so, which), Simulated Patients or Actors |
| Rooms required if using Sim Suites: | Debrief rooms, scenario room |

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| Administration support: | Level of administrative support if required (candidate bookings, pre-course material etc) |

## Simulation Admin Only

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| Date Booking Confirmed: |  |

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| Entered into Diary: |  |

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| Sim Lead/Associate Lead Approval Given: |  |