**Meeting Room**

**Request Form**

Thank you for your enquiry, please complete this request form and submit to MPCC Building Team at **loth.MPCCbuildingteam@nhslothian.scot.nhs.uk**

*If approved, you will be advised.*

**Request**

|  |  |
| --- | --- |
| **Service details** | |
| Service |  |
| Line manager: |  |
| **Requester details** | |
| Name and Surname |  |
| Job Title |  |
| Email address |  |
| Contact telephone number |  |
| **Booking details** | |
| Proposed date |  |
| Proposed end date  \*Bookings can only be made until 31st Dec 2024 |  |
| Reason for request |  |

***\*Please note: Sessions must be booked by the hour***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Day(s) and time slots required*** | | | | | | | |
| Day | Monday | Tuesday | | Wednesday | Thursday | | Friday |
| Time |  |  | |  |  | |  |
| ***Frequency*** | | | | | | | |
| Weekly | | | Monthly | | | Quarterly | |

**This section must be completed by the approver only.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome of request** | | | |
| Date request received | Outcome sent | Request approved | Approver |
|  |  |  |  |
| Feedback/comments to services: | | | |