**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**

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| --- |
| **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***

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| ***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.**

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