**Children Young People and Family Centre**

**Room Booking Form**

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| **Name of person booking room** |  | | | | |
| **Organisation** |  | | | | |
| **Email address** |  | | | **Telephone** |  |
| **Centre required** |  | | **No. of people attending** | |  |
| **Date Room Required** DD/MM/YYYY |  | **Time from/to:** |  | | |
| **Purpose of Room Booking** |  | | | | |
| **Room Requirements (tables/chairs etc.)** |  | | | | |
| **Terms and conditions** | Check to confirm you have read and agreed to the booking terms and conditions | | | | |
| **E-mail your completed form to:** [**childrencentres@leicester.gov.uk**](mailto:childrencentres@leicester.gov.uk) | | | | | |

**Terms and Conditions**

The person booking the room should be mindful that the room is their responsibility of the worker allocated to the child or young person, including adhering to the centres policies and procedures in relation to health and safety. In addition, please be aware that and the building is used by the public and other professionals.

The above items will be made available to you; however, you will be responsible for the setting up and packing away of your own equipment.

Please leave the room in a tidy condition and ensure all cups / glasses are washed. If the room is left in an unsuitable condition, future room bookings may be terminated

Please make sure you have filled out the external risk assessment form and have also completed the Personal Emergency Evacuation Plan for a Disabled User if necessary.

Parking facilities are very minimal so when parking, please show consideration to our neighbours.

**Office Use Only**

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| **Date Booking Received**  DD/MM/YYYY |  | **Date Room Booked**  DD/MM/YYYY |  | **Admin**  **Officer** |  |