

Booked by:

Date:

Dept / Society Name:

Status +:

Telephone:

Email:

Module:				
U/G Teaching (√) <input type="checkbox"/>		P/G Teaching (√) <input type="checkbox"/>		
Other (√) <input type="checkbox"/> (please state)				
Charge code:				
Building/room:				
Date start:		end:		
Time start:		end:		
Equipment:				
Dept will collect (√) <input type="checkbox"/>		Learning & Teaching Room Support to Set up (√) <input type="checkbox"/>		
If requiring a computer or laptop, please indicate the system required or if using own laptop				
PC University IT Account (√) <input type="checkbox"/>		Own laptop (√) <input type="checkbox"/>		
Stand Alone(√) <input type="checkbox"/>		Inc CD(√) <input type="checkbox"/> USB Port(√) <input type="checkbox"/>		
Day equipment required:				
Please indicate weeks required				
Wk(No)	W/c	(√)	Actual Date*	LTRS Booking No*
(10)	26 Jun	<input type="checkbox"/>		
(11)	03 Jul	<input type="checkbox"/>		
(12)	10 Jul	<input type="checkbox"/>		
(13)	17 Jul	<input type="checkbox"/>		
(14)	24 Jul	<input type="checkbox"/>		
(15)	31 Jul	<input type="checkbox"/>		
(16)	07 Aug	<input type="checkbox"/>		
(17)	14 Aug	<input type="checkbox"/>		
(18)	21 Aug	<input type="checkbox"/>		
(19)	28 Aug	<input type="checkbox"/>		
(20)	04 Sep	<input type="checkbox"/>		
(21)	11 Sep	<input type="checkbox"/>		
(22)	18 Sep	<input type="checkbox"/>		
(23)	25 Sep	<input type="checkbox"/>		

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(22)	18 Sep	<input type="checkbox"/>		
(23)	25 Sep	<input type="checkbox"/>		

* LTRS to complete

+ Student

Societies: Only registered committee members can hire from Learning and Teaching Room Support (everybody on your signatory list).

+ Students: LTRS will require written authorisation from your course tutor before the booking is accepted.

If you wish to book a training session on how to use the equipment, please contact us on Ext 2919.

Incorrectly completed forms will not be processed. Any queries please ring Ext 2919.

A copy of this form showing the booking number for each date, will be sent to you and this number must be quoted when requesting amendments to a booking. Please inform us if any equipment booked is no longer required, and of any alteration to the timing or location of a booking.

PTO for additional booking forms

FOR LTRS USE ONLY	Date received:	Date entered:	By:	Date Confirmed:
Details entered on sheet:	Portable Data Projector <input type="checkbox"/>	Laptop <input type="checkbox"/>	Display Boards <input type="checkbox"/>	Van booked <input type="checkbox"/>
				Staff Authorisation Received: <input type="checkbox"/>

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