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| **Sir Charles Gairdner Hospital****Simulation Centre**  | **Request for Booking Simulated****Learning Environments** |
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| ***Sim Centre staff to complete:*** |
| *Request Number* |  |
| *Date Received* |  | *Time* |  |
| *Date Confirmed* |  | *Time* |  |
|  |
| **Thank you for your interest in the SCGH Simulation Centre. Please provide the following information to enable us to assist you further** |
| Course Title/Name |  |
| Institution:  |       | Department |  |
| Contact person:  |       |
| Position: |       |
| Email address:SCGH staff **must provide** their Department of Health (DOH) global email address i.e. work email address. All correspondence from Medical Education Simulation Centre will be sent to your DOH email address. |       |
| Telephone | Mobile |       | Landline |       |
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| **Questions** |
| **1. Please write a short brief about your course (intended participants, broad objectives, etc)** |
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| **2. What form of simulation activity are you conducting? Select however many apply** |
| [ ]  Mannequin simulation | [ ]  Live role player simulation | [ ]  Scenario debriefing |
| [ ]  Skills stations | [ ]  Filming | [ ]  Tutorials |
| [ ]  Lectures |  |  |
| [ ]  Other (please specify): |
| **3. Date and time required** |
| First Preference  | Start Date:       | Time:       | End Date:       | Time:       |
| Second Preference | Start Date:       | Time:       | End Date:       | Time:       |
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| **4. Simulation specifics** |
| Number of participants expected to attend?Number of instructors expected to attend?Number of other observers/sponsors/etc attending? |                 |
| Do you require video debriefing? | [ ]  Yes [ ]  No |
| At most, how many learning streams/rooms/scenarios will you be running concurrently?Please state equipment needed in each room/stream below |      Eg tables, seats, projector, whiteboards, etc |
| Room 1: |  |
| Room 2:  |  |
| Room 3:  |  |
| Room 4: |  |
| Room 5: |  |
| Room 6: |  |
| Room 7: |  |
| **5. Equipment and consumables** |
| Please indicate the simulation equipment and consumables you require to be provided from the SCGH sim centre. (eg number of high-fidelity mannequins, part task trainers, defibrillator, IV pumps, trolleys, anaesthetic machines, etc) You can also provide this as a list (attachment). |
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| **6. Which rooms do you require?**  |
| [ ]  Lecture Room Seats 30 | [ ]  Virtual Reality Training Room |
| [ ]  Skills Training Room |  |
| [ ]  Sim Suite (Theatre) | [ ]  Debrief Room 1 |
| [ ]  Sim Suite (ICU/ED/Ward) | [ ]  Debrief Room 2 |
| **7. Technical Support:**  |
| Do you require technical assistance during course? If yes, please specify: | [ ]  Yes [ ]  No |
| Will equipment be delivered to centre prior to course If yes, what equipment & when: | [ ]  Yes [ ]  No |
| Do you require assistance with set up prior to course?  If yes, please specify: | [ ]  Yes [ ]  No |
| If available from SCGH sim centre, do you require confederate actors (eg technicians, nurses, doctors, patients)? If yes, please specify: | [ ]  Yes [ ]  No |
| **8. Administrative Support** |
| Is catering required? | [ ]  Yes [ ]  No[ ]  Morning tea[ ]  Lunch[ ]  Afternoon tea |
| Is parking required? | [ ]  Yes [ ]  No |
| Are scrubs for participants & faciltators required? | [ ]  Yes [ ]  No |
| Is administration support on the day required? | [ ]  Yes [ ]  No[ ]  Name badges & forms[ ]  Co-ordination/logistics admin |
| **9. Further information that may assist us in meeting your needs** |
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Please return completed forms to :

SCGH Sim Centre, K Block

Sir Charles Gairdner Hospital

Telephone: 6457 2911

Email: scghsimcentre@health.wa.gov.au