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| **Sir Charles Gairdner Hospital**  **Simulation Centre** | | | | | | | | **Request for Booking Simulated**  **Learning Environments** | | | | | | | |
|  | | | | | | | | | | | | | | | |
| ***Sim Centre staff to complete:*** | | | | | | | | | | | | | | | |
| *Request Number* | | | |  | | | | | | | | | | | |
| *Date Received* | | | |  | | | | | | | | *Time* |  | | |
| *Date Confirmed* | | | |  | | | | | | | | *Time* |  | | |
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| **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 | | |  | | | | | |
|  | | | | | | | | | | | | | | | |
| **Questions** | | | | | | | | | | | | | | | |
| **1. Please write a short brief about your course (intended participants, broad objectives, etc)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

Please return completed forms to :

SCGH Sim Centre, K Block

Sir Charles Gairdner Hospital

[](mailto:oph.education.registrations@health.wa.gov.au)Telephone: 6457 2911

Email: [scghsimcentre@health.wa.gov.au](mailto:scghsimcentre@health.wa.gov.au)