EXAMPLE ROOM BOOKING FORM

- See Academic Registry website for details of times / dates considered Out of Hours.
- You must provide written permission (email will suffice) from University of Limerick Buildings & Estates Office for any Out of Hours Bookings.

Office of Buildings & Estates approval Signature required	
Date	

Child Safeguarding Details

Are any attendees under 18 years? Fill in *Refer MINOR POLICY*	☐Yes ☒No

For University of Limerick Activity

If this is a UL event, you must confirm that you will comply with the UL Child Safeguarding Statement	☒Yes ☐No

For Non University of Limerick Activity

Do you have a detailed Child Safeguarding Risk Assessment in place to safeg children before, during and after the event?	☐Yes ☐No
Do you have a Lost/Missing Child Policy in place for the event?	☐Yes ☐No
Have all event staff/contractors/volunteers been provided with appropriate Child Safeguarding Training?	☐Yes ☐No
Name of Child Safeguarding Coordinator	
Contact details of Child Safeguarding Coordinator	

Insurance Details

For Non University of Limerick activity only

Have you included your organisations Certificate of Public and Employee Liability Insurance? - Limits of Liability required: €6.5m Public, €13m Employers - Your room booking request CANNOT be processed without this.	

Invoicing

Please provide P.O. number\ Or provide accompanying email stating company does not use P.O. system for invoicing.	

University of Limerick Academic Registry Division

Room Booking Form

Visit the Academic Registry website for further details about Room Booking guidelines.

Your Details

Name	*	Fill IN
Name of organisation	*	Fill IN
Address of organisation		
Telephone		
Email	*	Fill IN
Today's date	*	Fill IN

Event Details

Brief description of purpose of booking	
Is this booking internal? i.e. for University of Limerick activity	☒Yes ☐No

For University of Limerick Activity

Head of Department signature	

For Non University of Limerick Activity

Is this an Education / Training Course? ☐Yes ☐No		
If Yes	Name of course	
	Accrediting Body	
	Title & level of award	
Has this event been advertised? ☐Yes ☐No If Yes, enclose a copy of advertisement / web link to any online promotional material		
State fee being charged for the event		

Room Details

Date(s) room is required	* Fill IN	Day room is required	*
Start time	* Fill IN	End time	*
Max. capacity required in room	* Fill IN	Total number of rooms required	*
Please indicate if you have a Preference for a particular room Room details available here		1. * Fill in details 2. * 3. *	
Have you checked if your preferred room is free? Check Room Timetable here. Please note: - If preference is not stated or is not available, a room will be assigned in accordance with the capacity you have specified above and may be in any campus building. - If you require AV facilities please contact http://itdservicedesk.ul.ie			

Out of Hours Room Bookings