Please email completed form to [GGC.ParkheadHubCommunityReception@ggc.scot.nhs.uk](mailto:GGC.ParkheadHubCommunityReception@ggc.scot.nhs.uk)

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| --- | --- | --- |
| 1 | Name of Organisation/ Group. |  |
| 2 | Please tick the box which describes your organisation/ activities in line with the booking criteria. | |  |  | | --- | --- | | **Booking Category** | **Tick** | | Community engagement |  | | Parkhead Hub arts strategy |  | | Social prescribing, community referrals and community links programmes |  | | Development of local networks |  | | Equalities priorities |  | | Physical and mental health and wellbeing |  | | Educational, training and employability initiatives |  | | Health improvement and promotion |  | |
| 3 | Please confirm details of your website/ social media links for your organisation. |  |
| 4 | Requestor’s name. |  |
| 5 | Requestor’s contact telephone number. |  |
| 6 | Requesters email address: |  |
| 7 | Name of the Event. |  |
| 8 | For One Off bookings only:  Day / Date of the Event. |  |
| 9 | For One Off bookings only.  Start and End Time of the Event. |  |
| 10 | For multi dates/ block bookings –  Please list the frequency and **ALL** the dates and times required. |  |
| 11 | Number of attendees |  |
| 12 | Please confirm details of the person responsible for the Group / event on the day if different for above  Please include name/ mobile contact number. |  |
| 13 | Please tick to confirm you have undertaken the appropriate risk and safeguarding assessments. | Yes. I have completed the relevant risk assessments |
| 14 | Please confirm you have read and understood the protocols and guidance outline in the **External Users Guide.** | Yes. I have read and understood  Please tick here to confirm |
| 15 | I confirm we have valid Liability Insurance, and I have attached a copy. | Yes. We have cover and a copy is attached |
| 16 | Date and signed by requestor. | Signature  Date submitted |

If you have any queries or wish to discuss whether you meet the criteria for booking these facilities, please email us on:

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**APPROVAL**

|  |  |
| --- | --- |
| **Date of approval** | **Approved by – name and designation** |
| **Confirm any changes to original request** |  |