



## APPENDIX 2 - ROOM BOOKING APPLICATION FORM

Please complete this form for all events covered by the Code of Practice on Freedom of Speech and Lawful Assembly in the University. Completed forms should be sent to the Room Bookings Administrator, tel: 01782 292741 e-mail: [roombookings@staffs.ac.uk](mailto:roombookings@staffs.ac.uk)

Name of Organiser:		Member of staff/student/external (please delete as appropriate)
Name / Address of organisation:		
Contact Details:	Tel:	
	Fax:	
	E-mail:	

Name of Event:			
Date / Time of Event:			
Room Requirements:	Campus / Building:		
	Size / Layout:		
	IT Equipment:		
	Special Requirements:		
Name of Speaker(s):		Organisation(s) represented by Speaker(s):	
Organisation(s) likely to be represented at the event:			

Who is the expected audience?		Is the event to be open to the public?	Y / N
I confirm that I can see no circumstances in which the event might violate section 5 of this Code? If the Code could be violated, please provide details:			
Please provide details on the publicity of this event (any publicity materials must be attached to the is application):			

If any information submitted on this form changes prior to the event, the Room Bookings Administrator must be notified.

I have read and agree to abide by the Code of Practice on Freedom of Speech and Lawful Assembly in the University.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Data Protection Statement

All the details supplied will be held securely and will be treated confidentially in accordance with the Data Protection Act 1998 for the benefit of Staffordshire University and its members.

FOR OFFICE USE ONLY:		
Date rec'd:	Room(s) Allocated:	Other details / special requirements:
Date forwarded to the Director of Student and Academic Services:		
Approved:	Y/N	
Signature:		
Date:		
Comments:		