



Booking Form for Sensory Room

All parts of the booking form must be filled out to confirm the booking

Name of Client(s):

.....

Organisation

Date of visit/s: Contact name: Tel. No.....

Arrival time: Departure time:

Number using wheelchairs: Hoist requirement.....

No. of helpers* (minimum age 18): Staff.....

Person Trained in Hoist Manual Handling..... (*if required)

**Please note that carers are fully responsible for the health, safety and behaviour of the clients in their care at all times, including being supervised and supported at all times. Bright Lives CIC cannot be held liable for incidences caused by lack of supervision.*

Requirements: Sensory room booking time.....

Do you require the booking to be on-going on this time slot and booked each month, as we cannot guarantee that this will be available unless paid for in advance as the time slot may be offered to alternative clients, therefore, please delete as appropriate; YES/NO.

Signed: Name: (please print): Date:

**(Hoist) By signing as the authorised person I understand that Bright Lives CIC has asked you to note that this is a disclaimer in the event of using your slings/hoist are the responsibility of the hirer in the event that any problems occur whilst in use.
I have read and agreed to abide by the booking terms and conditions and payment conditions including all health and safety requirements (including hoist as per the T&C's) a badge will be issued to identify you as a trained user as named in the booking form.*



A signature is required stating that the sensory room is in good condition when entering the booking period. Please sign below.

NamePlease Print.....

Date.....