Pacific Development Team: Room Booking Request

University of Canterbury
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

Contact Details

Full Name		Student ID / Usercode	
Contact Phone No.		Name of Group (if booking on behalf of a group)	
Reason for Booking (ie Group meeting, study etc)			

Date

Start Date (dd/mm/yy)		End Date (dd/mm/yy)	
Start Time (am/pm)		Finish Time (am/pm)	

Area (s) you are booking

	Room Details	Location	Size	
☐	Pacific Student House	45 Creyke Road	--	Study rooms, kitchen, computers, lounge
☐	Study Room 1 Pasifika Student House	45 Creyke Road	10	Equipped with 2x student computers,
☐	Study Room 2 Pasifika Student House	45 Creyke Road	6	Suitable for 1 to 1 teaching
☐	Lounge Area Pasifika Student Space	45 Creyke Road	15	Shared Space
☐	Seminar Room PDT Office	37 Creyke Road	20	Meeting Room

University of Canterbury Health and Safety Policy

The University of Canterbury is committed to providing and maintaining a safe and healthy working environment for its employees. In addition, the University of Canterbury is also committed to providing a safe and healthy environment for students, visitors, and everyone attending the University of Canterbury. University staff, contractors (including sub-contractors) as well as students have the following responsibilities:

• Take reasonable care for his or her own health and safety.

• Take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons.

• Comply as far as he or she is reasonably able with reasonable instructions given by the University in relation to health and safety.

• Cooperate with the University's policies and procedures relating to health and safety. The effective delivery of this policy requires everyone to accept a personal responsibility for health and safety. The University will provide professional and competent support and advice to all members of its community.

Signature (if completing form online please enter your user id below instead of signing)	Date (dd/mm/yy)

Receiving staff to complete section below

Receiving staff's initial:	Date form received (dd/mm/yy):