**LAY REP BOOKING REQUEST FORM**

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| **PERSON REQUESTING LAY REP** |  |
| **DATE OF EVENT** |  |
| **TYPE OF EVENT** |  |
| **SPECIALTY/FUNCTION** |  |
| **TIMES TO AND FROM** |  |
| **VENUE (Including room name/number)** |  |
| **NUMBER OF LAY REPS REQUIRED** |  |
| **IS ANY PRE-READING REQUIRED – IF YES PLEASE GIVE DETAILS** |  |
| **APPROX AMOUNT OF TIME FOR PRE-READING** |  |
| **ADDITIONAL COMMENTS** |  |

**PLEASE ENSURE ALL THE ABOVE INFORMATION IS PROVIDED AND EMAIL THIS FORM TO**

**michele.hannon@hee.nhs.uk**