



RESIDENTIAL ACCOMMODATION REST ROOM REQUEST FORM – Extended Pilot

The Rest room facility has been provided for Doctors undertaking their night rotation for a period of rest if required after working a night shift. This enables individuals to be able to be safe on their journey home or to prepare them for the next night shift.

Staff who have requested a rest room for the duration of their night rotation period will be allocated keys for the period of the consecutive nights and are to vacate and return keys at 2pm on the day following their last night shift (unless an extension to stay has been requested and a £20 charge will be applied)

Request Criteria

- All rest rooms following night shift are available free of charge up until 2pm on the day following night shift.
- If room is required after 2pm and individual lives within a 40 minute travel time a £20 charge will be applied
- If individual lives outside of a 40 minute travel time no charge is applied
- For individuals who live outside of a 40 minute travel time the room is only free up until 2pm on the day following their last night shift. After this time a charge of £20 will be applied.

THIS SECTION TO BE COMPLETED BY REQUESTING INDIVIDUAL

Title Initials Surname.....

Current Address

Date Facility is required

Are of work on date of booking

Contact Tel (day) Work Ext. No.

Email Address

- Please note that confirmation of booking will be sought from your line manager and so please provide details.
- If a charge is applied and not paid by individuals this will be sought from the appropriate Divisional budget

Line Managers details (Please use capitals)

NameContact number Email

Auth. by line manager : **Y / N** (please circle) Budget Code (If known):/.....

Office use only –

Request received/...../..... Processed by (Name in print).....

Signature Accommodation Allocated

Charge Applied : **Y / N** (please circle) Total Charge