**DNAMER Simulation Application Form**

To apply for the use of the DNAMER Simulation Room/s please fill out the following details and email to: [Janice.Butt@health.wa.gov.au](mailto:Janice.Butt@health.wa.gov.au)

Once received you will be notified within 48 hours of your booking details.

|  |  |
| --- | --- |
| **Name:** |  |
| **Details of alternative contact:** |  |
| **Department:** |  |
| **Contact phone:** |  |
| **Email address:** |  |
| **Instructors/educators names:** |  |
|  |  |
| **Title of activity:** |  |
| **Activity outcomes:** |  |
| **Simulation equipment required:** |  |
| **Date(s) required:** |  |
| **Time(s) required:** |  |
| **Estimated duration of the activity:** |  |
| **Participant disciplines:**  *(RMO’s, midwives, etc)* |  |
| **Number of participants:** |  |
|  |  |
| **Technical support required:**  (restrictions apply- discuss with HOD) | Yes  No |
| **DNAMER representative required:** | Yes  No |
| **Other comments:** |  |

I acknowledge that I have read the WNHS Simulation toolkit

Signature: Date: