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| **For Office Use Only: Booking Reference No: ………………………….** |

**Meeting Room Booking Form**

1. **Event details**

|  |  |
| --- | --- |
| Event: |  |
| Number of people attending: |  |
| Contact name on day: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date(s)  required:\* |  | Start time:\* |  | Finish time:\* |  |

\*Please Note: On Wednesdays we do not accept bookings after 2pm. Bookings outwith normal office hours or at weekends will be considered on request and will be subject to additional charges due to caretaking and security requirements.

1. **Booking contact**

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |
| Address: |  |
| Postcode: |  |
| Telephone: |  |
| email: |  |

1. **Catering**

We will provide chilled water and the facilities to make tea/coffee on a self-service basis.

**Details of additional catering (if required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No |  |  |
| Will you require access for your catering? |  |  | Access times required: |  |

1. **Room requirements**

The room you would like to hire:

Large first floor meeting room\*\*  \*\*Please complete table below

Small ground floor meeting room (max 10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Catering** | **Equipment** | | **Room layout (large meeting room)** | | |
|  |  | | Theatre | Board room | Classroom |
| Room hire includes self service tea, coffee and water  If you will be providing additional catering of your own, please let us know by completing Section 3 (above). |  | Laptop  Projector  Microphones  Flipchart and pens | **Seating**  30  40  50  60  Other | **Seating**  10  20  30 | **Seating**  10  20  Other |

**Any special requirements**

|  |
| --- |
|  |

**Please turn over for conditions of hire and to sign form**

1. **Conditions of Hire**
2. We will only consider your booking request to be confirmed once we have received your completed booking form by email or post.
3. Credit facilities are not available to clients on their first booking.
4. We will only consider your confirmed booking to be cancelled if we have received notice in writing by email or post and you have received acknowledgement from us of your cancellation.
5. We require at least 2 working days notice of cancellation. If you give us less notice we reserve the right to make reasonable cancellation charges.
6. The charges for room hire will be clearly set out in our correspondence with you. These will be fixed from the time you receive written booking confirmation. All other charges, e.g. for catering, will be based on our current price list at the date of the event. Melville reserves the right to review prices at any point.
7. We ask you to estimate at the time of booking the number of people for catering purposes. You must confirm these numbers no less than 3 working days before the event; otherwise we will only cater and invoice you for your estimated number.
8. If you become aware of any problems or damage to our rooms or facilities or you need to make significant alternations to the set up, you must tell us immediately. You must not allow anyone to move, adjust, tamper with or damage any of our facilities. If we have good reason to believe that you have caused damage to our rooms or facilities, or have allowed it to occur, you will be liable for the cost of rectifying that damage.
9. You must ensure that your guests guard their valuables carefully at all times and do not leave them unattended. Melville Housing will not be held responsible for any loss or damage to any person or property arising from your booking unless we are satisfied that the loss or damage was due to our negligence.
10. Organisations booking one of our meeting rooms must provide a named contact who will be present at the meeting and will be responsible for meeting their own guests and directing them to the correct room.
11. The named contact will be provided with an agreed number of security passes to allow visitor access to the lift and through security doors. The named contact is responsible for the management and return of security badges.
12. The named contact is responsible for making guests aware of fire safety advice and to account for those present at the meeting in the event of an emergency.
13. The named contact is responsible for the behaviour of guests.
14. Please be aware that you and your guests will be meeting in a work environment - please keep doors closed during meetings to minimise noise transfer and ask guests to avoid excessive noise in public areas.

|  |  |  |  |
| --- | --- | --- | --- |
| I have read and accept Melville Housing’s Conditions of Hire | | | |
| Signed: |  | Date: |  |

*Office use only:*

|  |  |  |  |
| --- | --- | --- | --- |
| Booking confirmed: |  | Date: |  |





**Dalkeith Corn Exchange Fire Emergency Procedures**

**These instructions form part of your meeting room booking conditions**

**Introduction**

These instructions are for the safety and comfort of your guests. Please ensure that you record the names of those attending your meeting and provide them with fire safety information. In the event of an emergency, the meeting organiser or other nominated person, is responsible for the evacuation of guests and to account for visitors to the building who are under their supervision.

**Recording attendance**

The meeting organiser or the nominated contact must record attendance at their event. They may do this by using the form provided at Appendix 1 or their own records (such as a minute of the meeting or their own record sheet).

In the event of the building being evacuated, the meeting organiser or nominated contact must ensure that they take the list of attendees with them when they exit the building so that attendees can be accounted for.

**Personal Emergency Evacuation Plan (PEEP)**

Meeting organisers should consider whether anyone attending the meeting may require assistance in the event of an emergency. They should consider whether a Personal Emergency Evacuation Plan (PEEP) needs to be devised. A form for this purpose is attached at Appendix 2.

**Emergency Procedures**

In is the responsibility of the nominated contact to advise participants of the emergency procedures and, in the event of a fire alarm, to account for the safety of meeting participants at the assembly point by checking those present against the record of attendees.

**Actions to be taken in the event of a fire**

**If you discover a fire:**

* Sound the alarm by pressing the black button in the centre of the nearest red fire call point
* Leave the building by the nearest exit

**If you hear the alarm:**

If a fire alarm sounds, the meeting organiser or nominated person is responsible for directing attendees to the fire exits and directing them to the assembly point.

The nominated person should take the meeting attendance list (or other record) with them when they leave the building.

* **Leave** the building by the nearest exit
* **Assemble** in the car park to the side of the Corn Exchange (using the path between the Corn Exchange and the Bombay Lounge restaurant). If this location is unsafe, the Melville Fire Warden or the Fire Service will advise of an alternative assembly point.
* **Report** to a Melville Housing Association Fire Warden, or a member of the Fire Service
* **DO NOT** take personal risks
* **DO NOT** delay evacuating the building to collect personal belongings
* **DO NOT** return to the building until instructed to do so by the Incident Control Officer or a member of the Fire Service
* **DO NOT** use fire extinguishers unless you have received instruction in their use
* **Follow** instructions given by Melville staff or the Fire Service

At the assembly point the meeting organiser or nominated contact must account for those present at their meeting and alert a member of the Fire Service or a Melville Housing Association Incident Control Officer.

Note: Melville Housing Association staff may not be present during meetings held outside normal office hours.

In the event of an evacuation outside office hours, once the building has been evacuated, please contact:

|  |  |  |
| --- | --- | --- |
| Name | Title/organisation | Contact number |
| Alistair Clark | Facility Co-ordinator | 07776 366 366 |
| Martin Sloan | Property Manager | 07702 962 641 |
| Andrew Noble | Chief Executive | 07776 295 850 |
| Neil Edgar | Development Manager | 07818 509 701 or 07809 710 705 |





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| **Room Hire at the Dalkeith Corn Exchange – Attendance List** | **Appendix 1** |

|  |  |
| --- | --- |
| **Date of meeting** |  |

|  |  |  |
| --- | --- | --- |
|  | Name | Organisation |
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| 20 |  |  |
|  | Name | Organisation |
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| **Personal Emergency Evacuation Plan** | **Appendix 2** |

**Note**: This emergency plan should be completed with input from the meeting attendee concerned

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting Attendee Name:** | |  | |
| **Meeting Location:** | |  | |
| **Number of Assistants Required to Evacuate:** | |  | |
| **Disabilities Affecting Evacuation** | | | |
| **Visual Impairment** |  | **Mobility** |  |
| **Sensory Impairment** |  | **Other** |  |
| If other please state what the disability is: | | | |
| **The effect of the disability on evacuation from the building or to a place of safety is:** | | | |
| Please add a brief description e.g. unable to use wheelchair in the case of evacuation: | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The following additional equipment/assistance is required in the event of an evacuation:**  Tick as appropriate | | | | | |
| **Wheelchair** |  | **Evac Chair** |  | **No Equipment/Assistance Needed** |  |
| **Hoist/Sling** |  | **Assisted Person Lift** |  | **Other** |  |
| If other please state what equipment/assistance is required: | | | | | |

|  |
| --- |
| **Please provide a brief description of what will happen to ensure the safety of the individual in the event of a fire:** |
| *E.g. Paul and Julie will assist individual – their reserves are Alice and Claire. They will assist the individual by taking hold of one arm each. They will then walk to the nearest escape route and they will assist the individual into the evacuation chair and they will follow the route to the agreed designated area.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan completed by:** |  | **Signature:** |  |
| **Agreed by (individual or individuals representative):** |  | **Signature:** |  |
| **Date completed:** |  |  |  |