|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **DETAIL OF APPLICANT** | | | | | |
| Full Name *(Person in Charge)*: | | |  | | |
| No ID: | | |  | | |
| H/P no: | | |  | | |
| Name of Supervisor:  *(if applicable)* | | |  | | |
| School/ Department: | | |  | | |
| Purpose of Use:  *BRIEFLY DESCRIBE OF USING FACILITIES (EXAMPLE:PROJECT WORK,ASSIGNMENT or etc)* | | |  | | |
| **2.0 FACILITIES BOOKING DETAILS** | | | | | |
| Model Making Workshop Photography Studio  Environmental Lab Computer Lab    Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Date: | | Time In: | | | Time Out: |
| 1. **LIST OF USER (S)**   *(if space is insufficient, please use attachment)* | | | | | |
| **No** | **Full name** | | | | **No ID** |
| 1 |  | | | |  |
| 2 |  | | | |  |
| 3 |  | | | |  |
| 4 |  | | | |  |
| **4.0 AGREEMENT TO COMPLY WITH FACILITIES** | | | | | |
| By signing below, I acknowledge that I am responsible for the usage of facilities and agree to the following terms:   1. Please ensure to fill out all relevant sections of the form accurately for each facilities session. 2. Report any issues or concerns regarding the workshop to the Lab Technician immediately. 3. Ensure the facilities area is left clean and organized after use. 4. Any authorized use of the facilities or failure to comply with the facilities rules may result in disciplinary action. 5. I agree to use the equipment responsibly and will be accountable for any loss and damage done to the equipment while it is in my care. 6. I will conduct myself in a safe and conscientious manner in the facilities/laboratory.   **APPLICANT’S SIGNATURE:**  Date: | | | | | |
| **5.0 ACKNOWLEDGE BY** | | | | | |
| **SUPERVISOR**  Signature:  Name:  Position:  Date: | | | | **LAB TECHNICIAN**  Signature:  Name:  Position:  Date: | |