**BC Children’s Hospital and BC Women’s Hospital + Health Centre**

**Access Request Form**

Anyone requesting an event, tour, or site visit to the BC Children’s Hospital and BC Women’s Hospital + Health Centre (C&W) campus must complete this form. Access to our campus of care covered by this form includes but is not limited to; special events, celebrity/sports team visits, tours of the campus by donors/external healthcare/redevelopment teams, external educational events and info booths.

C&W staff members requesting room bookings for an internal C&W event only (without external visitors) do not need to fill out this form. C&W staff members include any clinical or non-clinical staff members employed at BC Children’s Hospital and BC Women’s Hospital + Health Centre.

For further information, please see the Access Request Guidelines [on POD](https://pod.phsa.ca/our-phsa/browse-by-department/Pages/Patient-Experience-CW.aspx).

 **Submission process:**

1. Complete all sections of this Access Request Form.
2. Attach the completed form to an Outlook meeting requestconnected to the date/time of event.
3. Submit the request two weeks prior to the event to allow for processing and approval.
4. Patient Experience will acknowledge your access request within two business days and the Outlook meeting request will be accepted as ‘tentative’ upon receipt.
5. Patient Experience will triage requests internally according to the approval process.
6. You will be notified of your request status within five business days of the request, and your Outlook meeting request will be accepted or declined. If the C&W access request approval committee has any questions/recommendations, these will be shared. These may need to be addressed before the request can be accepted.

**Out of scope:**

* For BC Children’s Hospital Research Institute room bookings, including the Chan Centre

 auditorium, please contact rooms@bcchr.ca.

* For any request involving news media, please contact C&W Communications at

comm@cw.bc.ca. The PHSA media line is available after hours at 778-867-7472.

* For any tours requested by government/elected officials, please contact C&W Communications at comm@cw.bc.ca.

For any questions or assistance, please contact Patient Experience at patientexperience@cw.bc.ca or toll free at 1-844-874-3267.

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#  Type of Access Request (check all that apply):

|  |  |
| --- | --- |
| [ ]  | Filming and/or photoshoot (non-media) |
| [ ]  | Tour – donors, other healthcare facility teams, redevelopment, etc. |
| [ ]  | Event – conference/workshop/educational event/info booth  |
| [ ]  | Event – celebrity visit or sports team visit/special event/celebration/performance |
| [ ]  | Staff or volunteer event – professional days/retirement/appreciation events  |
| [ ]  | Other – please specify: Click or tap here to enter text. |

**Requestor Information:**

|  |  |
| --- | --- |
| Name of requestor  | Click or tap here to enter text. |
|  Organization/department | Click or tap here to enter text. |
| E-mail | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Date of request | Click or tap here to enter text. |
| Date, time (start/end) of activity | Click or tap here to enter text. |

 **Location Requested (check all that apply):**

|  |  |
| --- | --- |
| [ ]  | Teck Acute Care Centre |
| [ ]  | Ambulatory Care Building |
| [ ]  | Shaughnessy Building |
| [ ]  | BC Women’s Hospital + Health Centre |
| [ ]  | BC Children’s Hospital 1982 Building  |
| [ ]  | Sunny Hill Health Centre  |
| [ ]  | Healthy Minds Building  |
| [ ]  | Outdoors – please specify: Click or tap here to enter text. |
|[ ]  Other – please specify: Click or tap here to enter text. |

 **Additional Details Required:**

|  |  |
| --- | --- |
| Number of external (non-C&W staff) visitors anticipated.  | Click or tap here to enter text. |
| If tour, please specify number of persons per group and timing of tours. (Tours are typically limited to 6-8 persons per group.)  | Click or tap here to enter text. |
| Number of C&W staff participating, if known.  | Click or tap here to enter text. |
| Name of C&W staff contact supporting event, if applicable. | Click or tap here to enter text. |
| Are clinical staff/leads required to support this event? | [ ] Yes [ ] No |
| If yes, how? Click or tap here to enter text. |
| Is the event taking place in a patient care area? | [ ] Yes [ ] No |
| If yes, please list the care area(s) and provide the name of program manager/director who has approved for each care area. \*\**Please note program manager approval is mandatory for all inpatient/outpatient care areas.* | Click or tap here to enter text. |
| Name of person(s) who will be responsible for obtaining photography/filming consent of patients, families and staff, if applicable. Click or tap here to enter text. |
| Is additional event support required? This includes but is not limited to; furniture moves, additional housekeeping support, security partner presence, media services assistance, room booking support, navigational support etc. (Please note that C&W staff will be responsible for securing these supports for their event. Please refer to [resources on POD](https://pod.phsa.ca/workplace-resources/locations/Pages/CandW-Campus%2C-Vancouver.aspx).) Click or tap here to enter text.  Please list any additional details about your event. Click or tap here to enter text. |