**Student Media Equipment Request Form**

**Store Room (C215g/C304a) Monday to Friday Booking Times 9:15am – 1:45pm**

**Please note the grey areas of this form are to be filled out by a technician.**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name:  |  | Course:  |  |
| Student Number: |  | Year: |  |
| **Booking time slot** |
| Date / Time Out:  | Date / Time In:  |
| **Equipment** | **Description** | **No.** | **Asset #** | **approve** | **Description** | **No.** | **Asset #** | **approve** |
| **Camera** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Lens** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Tripod / Rigs** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Audio** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Lighting**  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Memory card** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Battery** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Charger** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| I understand that I will be fully responsible for the equipment whilst it is in my care and understand that failure to return equipment in the agreed timeframe will result in my privileges being withdrawn. *In the event of any loss or damage to the loaned equipment whilst in the care of the named students, GC reserves the right to charge student(s) for replacement or repair. It is advised therefore that the replacement value of any GC equipment is considered and an assessment of risk is undertaken before undertaking a project. The final decision with regard to any fees chargeable will be made by the Head of Academy in all instances.*  k**Student Signature: Notes:**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Collected:  | Teacher: | Strike Note:  | Date: | Time: |