## **Facility Request**

Please download, fill in and email this form to

multifaith.chaplaincy@jcu.edu.au



## JCU Multifaith Chaplaincy Centre is open Monday – Friday, 9.00am – 5.00pm.

| ate of application: |             |        |  |  |
|---------------------|-------------|--------|--|--|
| erson/organisation  | :           |        |  |  |
| ontact name:        |             |        |  |  |
| onnection with JCl  | J:          |        |  |  |
| elephone:           |             |        | Email:   |  |
|                     |             |        | ed and provide a quiet place for prayer, reflection, meditation expected to look after the facilities and notify MFC of any bre  Suitability |  |
| Conference<br>Room  | DE001       | 25     | Suitable for larger group activities, meditation, mentoring and training   |  |
| Quiet Room          | DE002       | 10     | Suitable for prayer, worship or meditation   |  |
| Meeting Room        | DE010       | 6      | Suitable for small group discussions/facilitation  |  |
| Reflection<br>Room  | DE009       | 6      | Suitable for one-to-one conversations, personal meditation and reflection  |  |
| Kitchen             |             | 12     | Microwave, kettle, toaster, fridge/freezer, tableware, tables, chairs  |  |
| ate: from:          |             | to:    | Times: from: to:   |  |
| xtra detail:        |             |        |  |  |
| ouration of booking | : For the y | vear C | One off Other Approx number of people:   |  |
| activity to be cond | lucted:     |        |  |  |

Thank you for your enquiry. We will get back to you as soon as possible.

Regards

Joanne O'Connor (Chaplain)

<sup>\*</sup> Note: The purpose of this form is to enable your request to be assessed. If the request can be accommodated, you will be advised accordingly with details being confirmed in writing.