

BC Children's Hospital and BC Women's Hospital + Health Centre (C+W) Visitor Request Submission Form

All staff, programs, departments and organizations requesting an opportunity to facilitate media events, tours, site visits or access to space requests on the C+W campus must complete this form.

Visitor Requests Submission Process:

1. Complete the Visitor Request Submission Form. For any assistance or questions please contact Patient Experience at patientexperience@cw.bc.ca or 1-844-875-3267
2. Attached the completed form to an Outlook **meeting request** (include date/time of event)
3. All submissions must be submitted 2 weeks prior to visit to allow for processing and applicable approvals.
4. Patient Experience will acknowledge all visit requests within 2 business days and Outlook meeting request will be accepted as 'tentative' upon receipt
5. Patient Experience will triage requests internally according to appropriate levels of approval
6. All requestors will be notified of the approval status within 5 business days of the request at which time the meeting request will either be accepted or declined

Type of Visit Request (check all that apply):

<input type="checkbox"/>	Media access event (reporter/press conference)
<input type="checkbox"/>	Filming and/or photoshoot (non-media)
<input type="checkbox"/>	Tour (donors, international schools, etc.)
<input type="checkbox"/>	Site visit (no media/photography/filming involved)
<input type="checkbox"/>	Site visit (media/photography/filming involved)
<input type="checkbox"/>	Celebrity visit or sports team visit
<input type="checkbox"/>	Access to space request

Requestor Information:

Name of requestor	
Organization/Department	
E-mail	
Phone	
Date and time of request	
Date and time of activity	

Area/building requested:

<input type="checkbox"/>	Teck Acute Care Centre
<input type="checkbox"/>	Ambulatory Care Building
<input type="checkbox"/>	Shaughnessy Building
<input type="checkbox"/>	BC Women's Hospital + Health Centre
<input type="checkbox"/>	Sunny Hill Health Centre for Children
<input type="checkbox"/>	Mental Health Building
<input type="checkbox"/>	Other – please specify:

Additional Details Required:

Number of guests (visitors)	
Number of staff	
Are clinical staff/leads required to support this event? If so, provide details around who and their proposed role.	
Is the event taking place in a patient care area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will be responsible for obtaining photography/filming consent of patients, families and staff? (if applicable)	
Is additional event support required? (Furniture being moved, additional housekeeping, etc.)	

Detailed Description of Site Visit (please include purpose and audience):

For media events please include size/amount of equipment and explain what the footage will be used for.
