

Permanent Theatre Allocation Request Form

Thank you for enquiring about Operating lists at St John of God Mt Lawley Hospital. All allocations are considered according to the Allocation of Elective Procedural Sessions policy. In order for us to consider your request please provide the following information (complete electronically) and email back to MT.TheatreUtilisation@sjog.org.au

CONTACT DETAILS

Surgeon Full Name			
Specialty & sub specialty			
Mobile Number			
Email Address			
SJG Mt Lawley Credentialed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other SJG Hospital Accreditations			

ALLOCATION REQUEST

Please tick which Theatre area you are interested in for a session:

Main Theatre Endoscopy

Please tick theatre sessions you wish to apply for. Refer to [Theatre Calendar](#) for weekly cycle dates. Please note Saturdays are only available for Endoscopy.

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please enter additional information about the type of work you will undertake with this session.

Total volume of sessions requested over 4 week cycle

Anticipated number of cases per session

Types of cases expected to fill session	CMBS	Volume per session	Length of Stay (days)	Special Equipment Required

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OTHER INFORMATION/COMMENTS

Theatre Use Only

Availability	
Caregivers Available	YES / NO
Equipment Available	YES / NO
Specialist Review	
Commercial Viability Checked	YES / NO
Theatre Utilisation Checked	YES / NO
Other Comments	