



AFCT Dome Cinema Usage Application Form

Submission Instructions:

Please submit this completed form via email to [\[AFCT@xjtlu.edu.cn\]](mailto:AFCT@xjtlu.edu.cn). Incomplete forms will not be processed. Submissions must be submitted for approval within 5–30 working days prior to using the Dome Cinema, depending on the usage category, with additional time required for large-scale events.

Part 1: Basic Information

Field	Field	Details
Applicant Name:		
Department/Academy/Office:		
Position:		
Phone:		
Email:		
Primary Contact (if different from the applicant)	Name: _____	Phone: _____
Usage Category:		
Total Expected Attendees:		

Part 2: Usage Category & Details

Please tick the relevant category and provide the required information.

2.1 Curriculum-Related Usage

- Module Code & Name: _____
- Number of Students: _____
- Brief Description of the teaching activity and the Pedagogical Justification:

2.2 Research-Related Usage

- Project Name/Code (as listed in ECS/RAS if applicable):

- Principal Investigator/Supervisor: _____
- Brief description of the rationale, research objective, methodology, expected outcomes, and project duration:



2.3 Events

○ **Event Sub-category:**

- University-level Event
- Academic-unit-level Event
- Registration for Monthly Dome Cinema Visit Day
- Detailed Event Agenda (attachment required):
- Total Expected Duration (including rehearsal): _____ hours

2.4 External Industrial Partnership

- Partner Organization: _____
- Type of Collaborative Usage:
 - Research and Development
 - High-end Training
 - Collaborative Project
- Brief Description of the Collaboration (collaborative agreement required):

- AFCT Faculty Liaison: _____

Part 3: Specific Requirements & Arrangements

Item	Details
Preferred Date & Time:	Date: _____ Start: _____ End: _____
Alternative Date & Time:	Date: _____ Start: _____ End: _____
Required Technical Equipment: (e.g., playback software, audio gear)	
Technical Rehearsal Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, estimated duration: _____
On-site Supervisor (for the event day):	Name: _____ Phone: _____
Brief Safety Plan: (e.g., emergency response procedures)	



Part 4: Acknowledgement

By submitting this form, the applicant acknowledges that the application will be processed in accordance with the workflow below and understands that processing may take 5–30 working days, depending on the usage category.

Approval Process for Dome Cinema Usage:

1. The AFCT Professional Support Team (AFCT@xjtlu.edu.cn) receives the Dome Cinema Usage Application Form (this document) and the designated member of the team determines the usage category.
2. The AFCT Lab Manager conducts an initial review of the form, assessing technical feasibility and support needs.
3. Upon approval, the AFCT Operations Director conducts a second review to assess scheduling feasibility and operational capacity.
4. Critical Final Step: Applications for research-related use, external industrial partnerships, or University events of exceptional importance and strategic significance require final approval from the Dean of AFCT.
5. Once fully approved, the application is coordinated by the Professional Support Team and Technical Team for scheduling and implementation.

Part 5: Terms Acknowledgement & Signature

I acknowledge that I have read, understood, and agree to comply with the terms below and all provisions of the AFCT Dome Cinema Usage Management Guidelines.

1. **Operating Hours:** Standard hours are Monday to Friday, 9:00–17:00. These may be adjusted due to special events or public safety requirements.
2. **Venue Restoration:** Users must return the venue to its original condition and remove all debris immediately after the event.
3. **Safety Compliance:** All users must adhere to University and Dome Cinema safety regulations. Unauthorized operation of equipment is strictly prohibited. Flammable, explosive, or hazardous materials are not permitted on site. In emergencies, attendees must follow instructions from the Dome Cinema staff.
4. **Conduct:** Users are expected to maintain a professional, quiet, and clean environment. All equipment and fixtures must be handled with care.
5. **Cancellation Policy:** Cancellations must be formally notified to the AFCT Professional Support Team at least 5 working days in advance. Late cancellations may affect future booking privileges.
6. **Activity Restrictions:** The theme and content of the activity (including screening materials) must comply with national laws and regulations, and must not infringe upon the legitimate rights and interests of any third party.

It is strictly prohibited to contain illegal and irregular behaviors such as opposing the basic principles of the Constitution, endangering national unity, sovereignty and territorial integrity, disclosing state secrets, endangering national security, inciting ethnic



hatred, promoting cult superstition, disrupting social order, spreading pornography, gambling, violence, and insulting or slandering others.

7. **Liability:** The applicant and user organization are responsible for the conduct of all attendees. They agree to hold harmless and indemnify AFCT and XJTLU against any loss, damage, or expense resulting from property damage, equipment misuse, or disruptions caused by the event.

Applicant Signature: _____ **Date:** _____

For Official Use only:

Approval Stage	Approver's Signature	Date	Comments
Lab Manager			
Operations Director			
Dean of AFCT <i>(if required)</i>			
Final Approval Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Requires Revision		
Designated Staff Member			