T001a **Conference Request & Approval Form**

* Applicants\* must complete this form when requesting the development of a new RCPI Conference or Event not in budget
* All applications are subject to approval by the Director of Education and Head of Professional Affairs

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| **Part I: For completion by Applicant** |
| **Date** |  |
| **Conference Information***Please indicate which topic(s) this course would fall under* | Conference Title: Click here to enter text.Specialty: Click here to enter text.O&G [ ]  Paediatrics [ ] Occupational Med [ ]  Public Heath [ ]  ICHMT [ ]  Pathology [ ]   |
| **Conference Outline***Insert conference proposal and key objectives for the conference*  |  |
| **Conference Purpose** | Gain Theoretical Knowledge [ ]  Educate on Change in Practice [ ] Educate in Critical Thinking [ ]   Response to Policy Change [ ]  Topic of Current Interest [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Profile of Target Audience****(Tick all that apply)** | Trainees [ ]  GPs [ ]    NCHDs [ ]  Fellow [ ]    Allied Health [ ]  International [ ]    Other [ ]  Targeted International [ ]   |
| **Application of Knowledge to (Clinical) Practice** |  |
| **Proposed Venue***Please give full address of external venue* | No6 [ ]  External Venue Click or tap here to enter text.   |
| **Rationale for external venue** *Please provide as much detail as possible here* | Click or tap here to enter text. |
| **Source of Conference Request***Must include clinician* | Click or tap here to enter text. |
| **Needs Analysis** | Has a need been identified? Yes [ ]  No [ ] What is the anticipated volume of demand?  |
| **Business Case** | Please attach business case for conference  Is independent funding available Yes [ ]  No [ ]   |
| **Proposed Date***Identify timeline constraints* | *Month/Year* | Desired Live Date [ ] Funding Deadline [ ]  |
| **Estimated review and update required** | 6 Months   [ ]  Annually [ ]  Periodically (5 years) [ ] *Area of Emerging Evidence Some Active Research     Stable Area*  |
| **Access to Experts***Subject Matter Experts are available to create content* | Yes [ ] No [ ]  | Details |
| **Supplementary details****CPD Points** | Click or tap here to enter text. |
|  |  |  |
| **Application No.** |  |
| **Application Details**  | Faculty Representative:Date Requested: Date of form Completion:  |
| **Request is part of RCPI strategic plan***Yes/No – provide detail* | Yes [ ] No [ ]  | Details |
| **Medical Council Domain(s)** | Patient Safety & Quality of Patient Care [ ]  Relating to Patients [ ]  Communication & Interpersonal Skills [ ]  Collaboration & Teamwork [ ] Management [ ]  Scholarship [ ] Professionalism [ ]  Clinical Skills [ ]   |
| **Priority Level** | Low [ ]  Medium [ ]  High [ ]  |
| **Nominated Clinical Lead** |  |
| **Funding and Pricing** *(Business Plan to be attached***)** |  |
| **Decision (Signed Off)** |   Click here to enter a date. (**Date of approval)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Head of Professional Affairs)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Director of Education)** |
| **Education and Quality Committee Approval***Added to the agenda of the next committee for approval* |  Click here to enter a date. (**Date of committee)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Committee Chair)** |
| **Additional Notes** |  |

***Applicants must either be a member of staff in RCPI or affiliated with RCPI in some capacity (e.g. Trainees/Members/Fellows****).*