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****).*