

Application for BSPGHAN Endorsement and Funding for National Meetings

Fully completed and signed copy of this application form along with all the supporting evidence should be scanned and emailed to BSPGHAN administrator at Carla@bspghan.org.uk. Alternatively, it can be posted to the following address
Mrs. Carla Lloyd, 5 Woodthorpe Drive, Stourbridge, DY9 7JX

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| **ACTIVITY DETAILS** |
| Title of meeting/course |   |
| Aims/Objectives |  |
| Start date |   | End date |   |
| Venue address |    |
| Attendance fee(s) |  | Expected number of attendees |   |
| Feedback methodology | [ ]  Evaluation form (attached) |  [ ]  Online Survey |
| Link if online survey |  |
| **FUNDING REQUESTED FROM BSPGHAN** |
| Amount(Max £2,000) |  |
| Please state purpose of funding requested |  |
| Trust account details |  |
| **ORGANISER DETAILS** |
| Activity organiser’s name and BSPGHAN membership number |   |
| Professional address  |    |
| Email address |   |

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| **ELIGIBILITY CRITERIA** |
| Is this meeting being held within 4 weeks of BSPGHAN annual meeting?  ☐ Yes ☐ No |
| Is this meeting being held more than 3 months from the date of this application?  ☐ Yes ☐ No |
| Is this application for repeat course/meeting (if yes, please attach feedback from the previous course/meeting)?  ☐ Yes ☐ No |
| Have you included a financial breakdown for the meeting demonstrating a shortfall?  ☐ Yes ☐ No |
| Have you shared a copy of the course/meeting programme with the Chair of the Education group and has it been approved? ☐ Yes ☐ No |
| Has CPD approval been obtained from one of the Medical Royal Colleges? If not, why? ☐ Yes ☐ No |
| Have you attached a supporting letter from relevant BSPGHAN working group chair or BSPGHAN council member? ☐ Yes ☐ No |
| Have you provided evidence of other sources of funding support?  ☐ Yes ☐ No |

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| **ORGANISER’S DECLARATION** |
| [ ]  By crossing this box the organiser: **1.** declares that neither the programme and the selection of speakers nor educational content of any part of the meeting is biased by a sponsor or other commercial interest, **or**, where this is the case, this is clearly identified in the accompanying papers;**2.** agrees for the activity and organiser details to be uploaded onto the online BSPGHAN events calendar**3.** confirms that clinical content follows all appropriate patient consent guidance, confidentiality policies, data governance and GMC’s Good Medical Practice principles;**4.** declares that `Declaration of Interest' forms will be completed by speakers/those involved in developing the education content and that this information will be available to participants prior to or at the start of the relevant session. |
| Sponsors – please gives names and amounts |   |
| [ ]  No sponsors  |
| Endorsement sought from other organisation(s): | [ ]  Yes | [ ]  No |
| If yes, please name organisation and describe outcome |  |
| Type of organisation  | [ ]  Commercial/ for-profit/ pharmaceutical company - [ ]  Non-commercial organisation with income stream - [ ] Non-commercial organisation with no income stream  |

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| [ ]  By crossing this box I hereby sign the form electronically |
| Name in full: |   |
| Date: |   |

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| **BSPGHAN ENDORSEMENT APPROVAL** |
| Education chair |  |
| Relevant special interest group chair |  |
| Comments (optional) |  |
| Signatures: |  |
| Date |  |
| [ ]  By crossing this box I/we hereby confirm approval of this activity for BSPGHAN endorsement. |

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| **BSPGHAN FINANCIAL REQUEST DECISION** |
| Treasurer |  |
| Comments (optional) |  |
| Signature: |  |
| Date |  |
| [ ]  By crossing this box I hereby confirm approval of this activity for BSPGHAN financial support |