

**Application for BSPGHAN Endorsement or Funding**

**for National Educational Meetings**

Fully completed and signed copy of this application form along with all the supporting evidence i.e. agenda/ programme should be scanned and emailed to BSPGHAN administrator at admin@bspghan.org.uk.

Applications will be reviewed by the BSPGHAN Education Chair and applicants will be notified of the decision within 3 weeks.

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| **National meetings or courses, provided by NHS organisations** | Free of charge |
| **National meetings or courses, provided by non-NHS organisations**\*Includes: designated email to members and advertising on the BSPGHAN website  | £750.00 +VAT\* |

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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  |  [ ]  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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| **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 |