A white and purple sign with text

Description automatically generated

**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](mailto:admin@bspghan.org.uk).

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

|  |  |
| --- | --- |
| **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\* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | |  | | | | |

|  |
| --- |
| **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 |

|  |  |  |
| --- | --- | --- |
| **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 | |

|  |  |
| --- | --- |
| **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. | |

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