Event Details

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| --- | --- |
| Organiser | |
| Organisation name |  |
| Organisation type | For profit / not-for-profit *(delete as appropriate)* |
| Co-ordinator name |  |
| Email |  |
| Telephone |  |
| Address |  |

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| |  |  | | --- | --- | | Invoicing/Finance Details | | | Purchase order number | *(please check if your organisation requires a PO number)* | | Email |  | | Address |  | | FAO |  |   You can find details of our fees online: <https://accreditation.rcseng.ac.uk/Home/Fees>   |  |  | | --- | --- | | Event Details | | | Event title |  | | Event type | *(eg. conference, symposium, practical skills course)* | | Exposure | International / national / regional / local *(delete as appropriate)* | | Duration (days) |  | | Venue |  | | Date(s) of event |  | | Target audience |  | | No. of participants |  | | Participants fee |  | | Fee extra info |  |  |  |  | | --- | --- | | Aims and Objectives | | | Learning aims |  | | Learning outcomes |  | |  |  |  |
|  |  |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | Faculty | | | | | Name | Qualifications | Topics Specialised | Place Of Work | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Timetable | | | | | | | | Day | Start Time | End Time | Subject | Delivery Method | Staff | Event Info | | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | |  |  |  |

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| Complete | |
| Assessment method |  |
| Commercial sponsorship details |  |

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| Requirements (please tick to confirm) | |
|  | Attendance Register I confirm that I will keep an attendance register and retain a list of participants for a period of 24 months and provide this information upon RCSEng request. |
|  | Commercial Sponsorship I confirm that the educational programme of the activity is not inappropriately influenced or biased by commercial organisations. |
|  | Faculty Declaration of Interest I confirm that I will ask the event’s faculty to provide a declaration regarding any interest they may have relating to the event, and make each faculty’s declaration available at the event. |
|  | Evaluation Signed I confirm that the evaluation of the activity will be conducted and the results will be provided to the RCSEng. |
| Evaluation Description | |

*Please describe how you will obtain feedback from this event:*