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| **CPD EVENT NAME** |  |
| **Location address & map link/URL (from Google maps)** |  |
| **Date of event** |  |
| **Time(s) of event** |  |
| **Programme of event** |  |
| **Max. number of delegates** |  |
| **Speakers Names & Titles** |  |
| **Wording you want on the advert (Description of event)****(Please attach any photos or logos you want to see in the advert as JPG/PNG/bitmaps)** |  |
| **Activities (Presentation/ workshop/ hands on/ demonstration)** |  |
| **Learning outcomes** |  |
| **Booking/cancellation Contact details (name, email & Phone number)** |  |
| **Organiser of event if different** **To above** |  |

Please email this form back to cpd.admin@swast.nhs.uk

Queries or questions email us or call us on : Office | 0300 369 0352 |  |  (click symbol)

**PLEASE COMPLETE THE ATTENDEE REGISTER AT THE EVENT FOR ALL DELEGATES & SEND THE CENTRAL TRAINING ADMIN FOR INPUT TO ESR. (AS BELOW)**

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| **CPD Event Title** |  |  | **Location of event** | **Date of Event** |
| **Event Organiser**  |  |  |  |  |
|  | **Delegates** |
| **Name**  | **Job Title** | **ESR number** | **Base station** | **Signature** |
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| **40** |  |  |  |  |

**If more than 40 attendees, please print another sheet and fill in event details again. Send completed registers to (so they can be added to training records):**

**Linda Crook** **Linda.Crook@swast.nhs.uk**