****

|  |  |
| --- | --- |
| **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](mailto:cpd.admin@swast.nhs.uk)

Queries or questions email us or call us on : Office | 0300 369 0352 | [Twitter](https://twitter.com/learnwithswasFT) | [FB](https://www.facebook.com/learnwithswasft/) (click symbol)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CPD Event Title** | |  |  | **Location of event** | **Date of Event** |
| **Event Organiser** | |  |  |  |  |
|  | **Delegates** | | | | |
| **Name** | | **Job Title** | **ESR number** | **Base station** | **Signature** |
| **1** | |  |  |  |  |
| **2** | |  |  |  |  |
| **3** | |  |  |  |  |
| **4** | |  |  |  |  |
| **5** | |  |  |  |  |
| **6** | |  |  |  |  |
| **7** | |  |  |  |  |
| **8** | |  |  |  |  |
| **9** | |  |  |  |  |
| **10** | |  |  |  |  |
| **11** | |  |  |  |  |
| **12** | |  |  |  |  |
| **13** | |  |  |  |  |
| **14** | |  |  |  |  |
| **15** | |  |  |  |  |
| **16** | |  |  |  |  |
| **17** | |  |  |  |  |
| **18** | |  |  |  |  |
| **19** | |  |  |  |  |
| **20** | |  |  |  |  |
| **21** | |  |  |  |  |
| **22** | |  |  |  |  |
| **23** | |  |  |  |  |
| **24** | |  |  |  |  |
| **25** | |  |  |  |  |
| **26** | |  |  |  |  |
| **27** | |  |  |  |  |
| **28** | |  |  |  |  |
| **29** | |  |  |  |  |
| **30** | |  |  |  |  |
| **31** | |  |  |  |  |
| **32** | |  |  |  |  |
| **33** | |  |  |  |  |
| **34** | |  |  |  |  |
| **35** | |  |  |  |  |
| **36** | |  |  |  |  |
| **37** | |  |  |  |  |
| **38** | |  |  |  |  |
| **39** | |  |  |  |  |
| **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**](mailto:Linda.Crook@swast.nhs.uk)