**FESSH Patronage Application Form**

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| **DESCRIPTION OF THE EVENT** | |
| **Title** |  |
| **Website** |  |
| **Venue** |  |
| **Start date – end date** |  |
| **Duration of the event** |  |
| **Target audience** |  |
| **Expected total number of participants** |  |
| **Educational needs** |  |
| **Expected educational outcomes** |  |
| **Clear description of the nature of the meeting** |  |
| **Definitive program of the meeting with faculty (Appendix 1)** | To be attached |
| **Methods to promote active learning** |  |
| **Means for the applicants to provide feedback (Appendix 2)** | To be attached or to give a link for an evaluation form or similar |
| **Registration of attendance system** |  |
| **International audience** |  |
| **Main language of the meeting** |  |
| **If not English – subtitle/translation is provided** |  |

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| **DETAILS OF THE PROVIDER** | |
| **Short description of the provider’s own organisation and any other(s) they are working with** |  |
| **Contact person and email address of the provider** |  |
| **Responsible medical practitioner for the application (with registration number)** |  |

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| **THE SCIENTIFIC AND/OR ORGANISING COMMITTEE** | | |
| **Head of the scientific and/or organising committee** |  | |
| **Members of the scientific committee** | NAME | JOB |
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| **THE FACULTY** | | |
| **Members of Faculty** | NAME | JOB |
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| **SOURCES OF ALL FUNDING** | | |
| **Name of sponsor(s) funding and type of funding** | NAME | TYPE |
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| **Pending applications for funding** |  |  |
| **Fees for applicants** |  |  |

**The provider confirms that the mile named ………….........................................................….. will be organized in accordance with the following criteria of the FESSH patronage:**

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| **DISCLOSURE FORM FOR PROVIDER** | YES | NO |
| **Compliance with all relevant ethical, medico-legal, regulatory, industry-based and legal requirements** |  |  |
| **Commitment to making available a report to the FESSH on the applicants’ feedback and on the provider’s responses to these within 4 weeks after the meeting** |  |  |
| **Confirmation that all members of the scientific and/or organising committee have provided written declarations of potential or actual conflicts of interest funding of the mile ( conflict of interest disclosure form per member) (Appendix 3)** |  |  |
| **Confirmation that all members of the faculty have provided written declarations of potential or actual conflicts of interest funding of the mile ( conflict of interest disclosure form per member) (Appendix 3)** |  |  |
| **Confirmation that all funding is provided free of any attempt to influence the programme, individual sessions, subjects for discussion, content or choice of faculty members promotional material** |  |  |
| **Confirmation that all the educational material is free of any form of advertising and any form of bias** |  |  |
| **Confirmation that the meeting complies with the applicable national rules, regulations and industry standards regarding exhibition areas where companies are permitted to present their products** |  |  |