|  |  |
| --- | --- |
| Course Title:  | (Please attach programme) |
| Venue: |  |
| Date of meeting(s) |  | Course Fee: |
| Time of meeting: | Start: | Finish: |
| Organiser : Name / contact telephone no. |  |
| Name of Speaker(s) |  |
| Has a GP or SGPET Educator been involved in planning and what is their input? |  |
| Number of expected participants | Doctor | Nurse | Other |
| Course Objectives | By the end of the event participants will:1.2.34. |
| Method to be used | (e.g small group, lecture, presentation) |
| Organiser’s signature |  | Date:  |

**SGPET to complete:**

|  |  |
| --- | --- |
| SGPET approval signature |  |
| Date |  | Attendance Register received |  |
| Approval cost received |  | Evaluation received |  |
| Send invoice |  | Invoice Number |  |