|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.  3  4. | | | | |
| 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 |  |