Somerset End of Life Care Conference

March 13th 2025

 **‘Starting the Conversation’**

**Presenter details:**

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| --- | --- |
| Name of individual(s) presenting and job title(s): |  |
| Team/department being represented: |  |
| Do any of the presenters have any additional needs that may require further support when on site e.g wheelchair access, hearing loop, etc? |  |
| Title of Presentation:\*This will be used to advertise your session. |  |
| Brief overview of workshop (50 words max. see example below)\*Please note this information will be used to advertise your session: |  |
| Please tick here to confirm that your workshop:* Will involve ‘hands on’ learning and will not be solely Powerpoint slides
* Will be delivered twice, at two slots over the course of the conference day
 |  |
| For digital presentations you will need to send to EOLCEducation@somersetft.nhs.uk 2 weeks prior to the conference Please tick here to confirm this: | Yes:[ ]  |
| Travel and/or accommodation expenses will not be covered by the conference committee. Please tick here to confirm this is understood:  | Yes:[ ]  |
| Each conference submission is allocated a maximum **one free conference ticket** for the allocated day of presenting. Please supply the names of the presenter who will receive the free ticket and indicate any dietary options:\*Please note other attendees can also present but will need to purchase their own ticket for admittance on the day. Booking will be available beginning of Jan 2025\*  |  |