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](mailto: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\* |  |