

## SingHealth Duke-NUS Education Conference 2019

### Call for Proposals

**Deadline for submission: 21<sup>st</sup> December 2018**

*Note: All presenters (including co-presenters) must register as a Delegate for the Conference. Please note that registration fees will be forfeited in the event the presenter withdraws from the programme after the proposal has been accepted and registration has been made.*

#### (A) DETAILS OF MAIN PRESENTER

This proposal must be submitted by the main presenter. The information will be used for contact and publicity purposes.

<b>Salutation:</b> <i>Please tick accordingly</i>	<input type="checkbox"/> Prof <input type="checkbox"/> Assoc Prof <input type="checkbox"/> Asst Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm			
<b>Profession:</b>	<input type="checkbox"/> Administrator <input type="checkbox"/> Allied Health <input type="checkbox"/> Dentist <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacists <input type="checkbox"/> Researcher <input type="checkbox"/> Resident <input type="checkbox"/> Students ( <i>please indicate programme</i> ): _____ <input type="checkbox"/> Others ( <i>please indicate</i> ): _____			
<b>Full Name:</b> <i>Please <u>underline</u> your family name</i>				
<b>Organisation:</b>				
<b>ACP:</b> <i>(Applicable for SingHealth staff only)</i>				
<b>Department:</b>				
<b>Designation:</b>				
<b>Contact Details:</b>		(Mobile)		(Office)
<b>Email Address:</b>				

#### (B) MAIN PRESENTER: BRIEF INTRODUCTION

In no more than 200 words, please provide a short description of yourself.

### (C) DETAILS OF CO-PRESENTERS

Note:

All authors are to be confirmed at time of proposal submission.

All authors are to register for the conference.

Please provide the particulars of the other presenters in your symposium/workshop.

<b>Full Name:</b> <i>Please include salutation and underline your family name.</i>	<b>Organisation:</b>	<b>Department:</b>	<b>Designation:</b>	<b>Email Address:</b>

### (D) PROGRAMME PROPOSAL DETAILS

<b>Programme Type:</b> <i>Please tick accordingly</i>	<input type="checkbox"/> <b>Symposium – 90 mins (discussion-based)</b> <i>Symposiums provide an opportunity for the presentation and discussion of ideas pertaining to healthcare education.</i>
	<input type="checkbox"/> <b>Workshop – 180 mins (skill-based)</b> <i>Workshops are interactive, hands-on and participative sessions that allow participants to develop their skills. Please indicate your preference<sup>1</sup>:</i>
	<input type="checkbox"/> Pre-/Post-Conference <input type="checkbox"/> During the Conference
<b>Programme Title:</b>	
<b>Motivation for Programme (in no more than 50 words):</b> <i>E.g. Rationale, personal work experience, new &amp; innovative idea/literature, etc.</i>	
<b>Programme Details:</b> <i>Please address the following guidelines where applicable.</i>	
(1) <b>Programme Description (in no more than 300 words):</b> <i>Please provide the details as you would like it to be listed on the website.</i>	
(2) <b>Learning Objective(s):</b> <i>Please include how achievement of objectives will be measured<sup>2</sup>.</i>	

**(3) Target Audience:**

*Please include if the participants are required to have any prerequisite level of knowledge/experience relating to the topic, if necessary.*

**(4) Programme Outline:**

*Please include information, e.g. teaching methods, activities, key discussion points, take-home messages, etc.*

**(5) Minimum number of participants needed to run (for workshops only):**

**(6) Maximum number of participants for the programme (for workshops only):**

*Workshop space can only take up to 60 participants.*

<sup>1</sup> Assigned workshop schedule may not necessarily be made according to your preference.

<sup>2</sup> For example: classroom-based worksheets; pre-post test; informal qualitative discussions etc.

**(E) SUBMISSION**

Please email the completed form to the Conference Secretariat at

[educonf@singhealth.com.sg](mailto:educonf@singhealth.com.sg) by **21<sup>st</sup> December 2018**.

Upon submission, an acknowledgement email will be sent to the address given in the profile of the main presenter; if you do not receive a reply, please contact us via email.

**(F) CONSENT**

By submitting this form, you hereby agree to the Guidelines for Proposal Submission as stated on the Conference website and consent to:

- the Secretariat of the SingHealth Duke-NUS Education Conference 2019 collecting, using and/or disclosing your personal data in compliance with the Singapore Personal Data Protection Act (PDPA) and all subsidiary legislation for the purpose of the Conference, subsequent registration to and all other actions necessary in relation to the event.
- the Secretariat of the SingHealth Duke-NUS Education Conference 2019 and its related corporations and its service providers of taking your photographs during this Conference for use in promotional brochures, publicity and other related purposes.