Speaker profile

Presentation details

To be completed by event organiser

|  |  |  |
| --- | --- | --- |
| **Date and time** |  | |
| Title / theme |  | |
| Session title or area for speaker to cover |  | |
| Session length |  | |
| CPD activity type | ​​​☐​ Virtual | ​​☐​ In person |
| CPD activity objectives |  | |

Speaker information

To be completed by the speaker

|  |  |  |
| --- | --- | --- |
| **Name** as you would like it to appear in event details |  | |
| Job title as you would like it to appear in event details |  | |
| Place of work as you would like it to appear in event details |  | |
| Contact details  tel and email will not be published - we can tag you on social media if permitted | Telephone |  |
| Email |  |
| Social media |  |
| Qualifications, skills and experience to deliver this session |  | |
| Biography as you would like it to appear in event details |  | |

Please make sure that the information given here is accurate as it will be used to promote the event. Telephone and email details will not be published.

Would you like us to tag you in our social media promotion? ☐​ Yes ☐​ No

Session information

To be completed by the speaker on the session they’re planning to deliver

|  |  |
| --- | --- |
| **Session title** |  |
| Learning outcomes please provide 3 bullet points that describe what attendees will learn from your talk |  |
|  |
|  |
| Will you have any pre or post-event information to share? |  |
| Do we have permission to share slides or other resources from your presentation? | ☐​ Yes ☐​ No  If yes, please state what we can share: |
| Do we have permission to record your presentation and share following the event? | ☐​ Yes ☐​ No |
| How would you like our host to introduce you? |  |
| Is there anything else you want to share with us? |  |

Speaker declaration

I confirm that all information given in this form is correct. I give permission for the information included on this form to be used for event promotion.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_