



January 2012

Dear Member

In order to be considered as a host venue for a future ASPiH annual conference we invite the local proposer to complete this application form. This includes providing details of the suggested venue, various supporting administrative and logistics information, and an idea of who is willing to commit their time as a member of the Local Organising Committee (LOC).

The ASPiH Executive Committee appreciate that the experience, enthusiasm and vision of the local organisers are absolutely critical factors in the success of this important event in our calendar. Equally we hope that hosting this event will provide an impetus or focus for the local institution(s) and members of the LOC to develop and demonstrate their profile and reputation in healthcare education and workforce development at a national level.

Organising the event will be a joint responsibility shared with the ASPiH Executive Committee and our Conference Secretariat (Benchmark Communications).

Please return your completed application form to the address shown below. If you have any questions regarding the application process please call the ASPiH Conference Secretariat on 0191 241 4253 or by email on [info@aspih.co.uk](mailto:info@aspih.co.uk)

**Notification of submission deadlines will be stated on the ASPiH website.**

Following receipt of your application you will be contacted by the ASPiH Conference Secretariat to confirm a number of details, and you may be asked to make a short presentation to the ASPiH Executive Committee in support of your application.

Many thanks.

**ASPiH Executive Committee**

Please return your completed application form to:

ASPiH Secretariat  
c/o Benchmark Communications  
14 Blandford Square  
Newcastle upon Tyne,  
NE1 4HZ



## APPLICATION FORM FOR SELECTING ASPiH 2013 CONFERENCE HOSTS

### 1. Contact details of lead person

Title	
Forename	
Surname	
Address	
Telephone number	
Email address	

### 2. Details of conference local organising committee

Please list below the details of the identified members of the conference LOC. This must include a minimum of three names.

	Name	Profession	Institution
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



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### 3. Proposed conference dates

Please indicate the dates on which you would prefer to host the ASPiH annual conference.

Please note:

- We will require a 3 day span, usually in order to accommodate several ASPiH pre-conference Masterclass sessions on the first of these days.
- Ideal dates are during the 2<sup>nd</sup> or 3<sup>rd</sup> weeks of November. Other dates around this period may be considered.
- Please check the conference and meetings calendars for other key national and international healthcare education / simulation conferences in order to avoid clashes.

1 <sup>st</sup> choice of dates	
2 <sup>nd</sup> choice of dates	

### 4. Conference Venue

<b>A. Name of the venue and address.</b> Please include an information leaflet about the conference venue or an internet site address with this application form.
<b>B. What Wi-fi facilities are available at the venue and is there a charge for this?</b>





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**G. How many seminar / workshop rooms are available (including delegate capacity) in the proposed conference venue?**

Breakout rooms for small group seminar / workshop sessions should ideally be able to accommodate a range of between 30 – 60 delegates in either 'classroom' or 'cabaret' styles. These breakout rooms should be in close proximity to each other.

**H. Are the proposed plenary room, breakout rooms, registration area and exhibition space all situated in the same building, and within that building, are they close together? Please provide a floor plan and venue map to explain.**



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**I. What provision is there for exhibition space, poster displays and catering support at the conference venue?**

Essentially we wish to locate these three components of the conference in one large communal area in order to promote networking and optimise exposure of the trade stands to our delegates.

**J. Please specify the size of space(s) available to house these components during the main conference**

Ideally this area should be of sufficient size that it can be used as exhibition space with capacity for 20-25 exhibitors stands as well as hosting the conference poster display area.

**K. Please provide an estimate of costs for refreshments and lunch?**

Requirements typically are for morning / afternoon refreshments and buffet-style lunch



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**L. Please detail any in-house AV facilities and contact details for on-site AV management.**

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**M. Does the proposed conference venue/ LOC have access to a local Simulation / Clinical Skills Centre?**

This is not an essential feature but may be something the LOC wish to highlight in support of their application

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**5. Travel and Accommodation**

- A. Please provide relevant travel details, listing the proximity of the venue to the major road network, train and bus stations, and airports.**  
**B. Is there any capacity (and costs) for car parking at the venue?**

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- C. Please provide details of local accommodation, listing hotels (budget and higher ratings) and any other options that are within two miles of the conference venue.**

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## APPLICATION FORM FOR SELECTING ASPiH 2013 CONFERENCE HOSTS

### 6. Supporting statement

Please provide further information about your application to host the forthcoming ASPiH conference including:

- The LOC's vision for what they hope to achieve as successful hosts
- Any particular themes that the LOC would like to see feature within the conference or overall
- Suggestions for key note speakers
- Any strong links at local, national or international level with specific professional groups to be targeted by this conference?



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**7. Additional comments**

Are there any other comments or considerations that you wish to make in support of this application?

Signature of lead contact person	
Date	

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For office use only:

Application reference number	
Date received	
Benchmark review date	
ASPiH Executive review date	