

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

1. Please submit a short brief (maximum 250 words), outlining how this educational opportunity will enhance your goals as a practitioner in intensive care

2. Please provide details of your current employment

3. I confirm I am available to attend the IHTMS for all 3 days (28<sup>th</sup> – 30<sup>th</sup> August 2018)