**Workshop Expression of Interest Form**

There will be limited opportunities to host a workshop as part of the 14th World Conference on Injury Prevention & Safety Promotion (Safety) 2020. Workshops will be held pre-conference, ranging from 90 minute to ¾ day and, during the concurrent sessions in the conference program for 90 minutes each.

Please note, workshops accepted to be part of Safety 2020 program, will be supplied with a room and basic audio visual equipment pre-set for the Conference. Any additional requirements or travel to present the workshop is at your own expense.

All presenters must register at the time of confirming their acceptance presentation offer and pay the conference registration fee.

This is an electronic form. Please fill this form out in **Microsoft Word** and save a copy to your computer. The saved form can then be attached to an email and returned.

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| **Section 1 – Contact Details** | | | | | | | | | |
| Enter the details for the contact person below; this person will be the main contact for the workshop. All correspondence will be sent to the person whose name and email address is entered below. | | | | | | | | | |
| **Organisation Name:** |  | | | | | | | | |
| **Contact Person:** |  | | | | | | | | |
| **Position:** |  | | | | | | | | |
| **Postal Address:** |  | | | | | | | | |
| **Suburb:** |  | | **State:** |  | | **Postcode:** | |  |
| **Phone** |  | | | | | | | | |
| **Email:** |  | | | | | | | | |
| **Website:** |  | | | | | | | | |
| **Section 2 - Workshop Type** | | | | | | | | | |
| Please note your preference for holding the workshop. Please note while preferences will be considered they cannot be guaranteed. | | | | | | | | | |
| **Pre-Conference**  **(Sunday 8 November)** | (90 minutes, includes arrival tea and coffee)  (Half day, includes morning tea)  (3/4 day, includes morning tea, and lunch) | | | | | | | | |
| **Conference Concurrent Session (90 minute workshops)** | Monday 9 November  Tuesday 10 November  Wednesday 11 November | | | | | | | | |
| **Section 3 – Workshop Overview** | | | | | | | | | |
| Please add in details below that can be used to promote the workshop. | | | | | | | | | |
| **Workshop Name:** |  | | | | | | | | |
| **Hosted by:** |  | | | | | | | | |
| **Facilitated by:** |  | | | | | | | | |
| **Target audience:** |  | | | | | | | | |
| **Learning Outcomes (3-5):** |  | | | | | | | | |
| **Please write 100 - 250 words about the workshop.** Please note, if your workshop is accepted the below abstract will be published exactly as received and should be checked for spelling and grammar prior to submission. | | | | | | | | | |
|  | | | | | | | | | |
| **Workshop theme/topic:** | Road safety  Falls prevention  Drowning prevention  Burns prevention  Poisoning prevention  Violence prevention  Suicide prevention  Concussion prevention  Disasters and injury prevention  Alcohol and other drugs  Indigenous peoples and safety  Child safety  Youth safety  Farm safety  Work safety | | | | | Safe communities  Systems approaches  Trauma care  Patient safety  Universal health coverage  Sustainable Development Goals and injury prevention  Sustainable and innovative funding for injury prevention  Programs and policies for injury prevention  Built environments and injury prevention  Legislation and standards for injury prevention | | | |
| **Section 4 – Workshop Requirements** | | | | | | | | | |
| **Minimum Numbers**:  (if applicable) |  | | **Maximum Numbers:**  (if applicable) | | | | |  | |
| **Preferred Room set up:** | Cabaret  Classroom | | | | | | | | |
| **Audio Visual Requirements:** | Data projector and screen  Laptop  Lectern and microphone  Hand held microphones | | | | | | | | |
| **Other requirements:** |  | | | | | | | | |
| **Section 5 – Speaker Details (if available)** | | | | | | | | | |
| Please complete the details below for your speakers. Please note these can be updated as the planning of the workshop develops. | | | | | | | | | |
| **Speaker 1** | | | | | | | | | |
| **Name:** |  | | | | | | | | |
| **Position:** |  | | | | | | | | |
| **Organisation:** |  | | | | | | | | |
| **Speaker 2** | | | | | | | | | |
| **Name:** |  | | | | | | | | |
| **Position:** |  | | | | | | | | |
| **Organisation:** |  | | | | | | | | |
| **Speaker 3** | | | | | | | | | |
| **Name:** |  | | | | | | | | |
| **Position:** |  | | | | | | | | |
| **Organisation:** |  | | | | | | | | |
| **Section 5 – Additional Information (if applicable)** | | | | | | | | | |
| If you have any additional information on your workshop, please add in the details below. | | | | | | | | | |
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**Please return completed form to:**

Nicole Rutter, Events & Capacity Building Manager  
**Public Health Association of Australia**  
**E:** [nrutter@phaa.net.au](mailto:nrutter@phaa.net.au)