**Workshop Expressions of Interest Form**

There will be limited opportunities to host a workshop as part of the Preventive Health Conference 2022 on. Workshops will be held pre-conference, for 90 minutes each.

Please note, workshops accepted to be part of the Preventive Health Conference 2022 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 Date/Time** | | | | | | |
| All workshops will need to be held on the morning of Wednesday 11 May 2022, for a 90 minute duration.  Please note there is limited space and workshops cannot be guaranteed.  **Date:** Wednesday 11 May 2022  **Duration:** 9.00am – 10.30am (90 minutes) | | | | | | |
| **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:**  (please choose one or more) | Diversity, equity, inclusion and accessibility (DEIA) in prevention  Creating change from where you stand: looking within and looking outwards  Getting your message right - accelerating action by getting heard  Policy informed research and rapid translation  Harnessing knowledge from our success stories  Strengthening the business case for prevention  Revisiting communication 'about risk'  COVID lessons and successes in public health  Empowerment and change in all organisations | | | | | |
| **Section 4 – Workshop Requirements** | | | | | | |
| **Preferred Room set up:**  cannot be guaranteed | Round tables (maximum capacity of 64)  Classroom (maximum capacity of 75) | | | | | |
| **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. | | | | | | |
|  | | | | | | |

**Please return completed form by 11:59pm AEST Sunday 13 February 2022, to:**

Jamie Evans, Events Officer  
**Public Health Association of Australia**  
**E:** [jevans@phaa.net.au](mailto:jevans@phaa.net.au)