Application for DAS Approval

Please complete this form and return it with the relevant supporting documents and fee (where applicable) either by email, to contact@das.uk.com or by post to the address below. Please allow up to four weeks for your application to be processed.

Difficult Airway Society
Association of Anaesthetists of Great Britain & Ireland
21 Portland Place
London
W1B 1PY

Please complete the information below as you would like it to appear on the 'Approved courses' section of the DAS Courses & Workshops.

Event title:			
Start date:		**End date:**	
Providing organisation's name, postal address and website details (if applicable):			
Venue name and location:		**Lead organiser:** (must be a clinician of consultant status)	
Fee details:		**Nominated contact:** (name, telephone and email details)	
Nominated commercial sponsor(s):			

Educational information

Target audience (please mark with an 'X' as appropriate)**:**

☐ **Consultants** ☐ **Training grades** ☐ **Non-medical**

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Target audience – geographical area (please mark with an 'X' as appropriate):

☐ **International** ☐ **National** ☐ **Regional** ☐ **Local**

How and where do you intend to advertise your event?

Please state the overall aim of the event and topics to be covered:

Please state the anticipated learning outcomes of the event:

1	
2	
3	
4	

What teaching methods will be used? (Please mark with an 'X' as appropriate):

☐ **Lectures** ☐ **Tutorials** ☐ **Demonstrations** ☐ **Practicals** ☐ **Workshops**

☐ **Discussion groups** ☐ **e-Learning** ☐ **MCQs** ☐ **Individual performance review**

☐ **Other (please specify)** _____

Have you held a similar event previously? If yes, please provide details below.

Has this event been previously approved by another organisation?
(If so, please provide further details below.)

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Supporting documents for DAS approval

Please include the following supporting documents (marked with an 'X' if submitted). The first three items are mandatory.

- [ ] **Event programme detailing topics mapped to curriculum and aims of the workshop**
- [ ] **List of speakers and their post/title e.g. Consultant; Senior Lecturer; Resident etc.**
- [ ] **A copy of the delegate evaluation form.**
- [ ] **Event learning materials (where applicable).**
- [ ] **Pre- or post-course educational activity e.g. reading lists, MCQ papers (where applicable).**

Conflict of interest

Please provide details of any conflicts of interest below. A conflict of interest exists where an individual involved in the development or delivery of the course has an interest in a commercial or other organisation which may compete with the individual's duty to act independently.

Type of organisation

What is your organisation type? (Please mark with an 'X'):

- [ ] **Commercial**
- [ ] **Non-commercial / not for profit**

For commercial organisations providing events an application and evaluation fee per event is payable. Please contact contact@das.uk.com

Correspondence

Please include your contact information for future correspondence, if different from the information already provided.

Name:	
Email:	
Address:	
Tel:	

Signed..... Print Name.....