**Text

Description automatically generated with medium confidence**

**SHORT COURSE PROPOSAL**

**Area of Interest**

🞏 Chronobiology 🞏 Sleep and Breathing Clinical

🞏 Insomnia 🞏 Sleep and Breathing Measurement

🞏 Sleep Health 🞏 Sleep and Breathing Epidemiology

🞏 Neurology and Neurophysiology 🞏 Upper Airway Physiology - structure and function 🞏 Paediatric

🞏 Other

**Secondary Area of Interest** (please state a secondary area of interest, from the list above, if applicable)

**Course Title:**

**Target Audience:**

Provide a description of the audience for which the course is intended (max 200 words)

**Learning Objectives:**

List 3-4 learning objectives for this course (max 200 words)

**Short description of course:** *Please note this description will be included in the program overview to attract potential registrants to the short course.*

(max 150 words)

**Course Outline:**

Provide a course outline detailing the content, presenters, presentation topics and times, making its purpose clear (max 700 words). Courses are most often run from 09:00-17:00, with four 90-minute sessions. Allow 30 minutes for morning and afternoon tea and 60 minutes for lunch.

**How does this proposal support the goals set out in the ASA’s** [**Diversity and Inclusion policy**](https://sleep.org.au/common/Uploaded%20files/Public%20Files/ASA%20Membership/Guidelines/FINAL%20diversity%20and%20inclusion%20policy.pdf)**?**

|  |
| --- |
|  |

**Presenters:**

The following details must be given for each proposed participant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: | Institution | Address | E-mail | Conflict of Interest | Approached?  Yes/No |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Audiovisual:**

Data projector and computer will be available for all sessions. Should you have special audiovisual requests please advise (these may not be granted)

**Proposed by:**

Name:

E-mail address:

Contact telephone number:

Date:

**The Convenor Responsibilities Statement and Conflict of Interest Form MUST be completed and submitted at the same time as this proposal.**

**Convenor Responsibilities Statement:**

I [name] lead convenor understand that if accepted, I agree to manage all aspects of the delivery of the course/workshop in accordance with ASA/ANZSSA policies and the agreement for course delivery

I acknowledge that ASA may cancel a postgraduate course prior to Sleep DownUnder if the course is not achieving required registrations, is not financially viable or otherwise becomes unsustainable.

If accepted I will enter into an agreement with ASA that establishes agreed support, funding arrangements and costs. As ASA/ANZSSA is underwriting the course, I accept that they will seek to recoup costs and that profit will be used to support ASA/ANZSSA member services.

**Signed**

**DECLARATION OF CONFLICT OF INTEREST FOR COURSE PROPOSER**

The Association office will maintain a Conflicts of Interest Register for those who are proposing short courses. All members of the Conference Committee will be made aware of any conflicts of interest and the Conference Chair will be responsible for ensuring an open and transparent process.

Conflicts of interest may apply to the member personally and to the department in which members may work. It includes drug company sponsorship, consultancy and affiliations with the pharmaceutical industry, medical equipment and diagnostic industries, within the last three years.

A real or apparent conflict of interest in the pharmaceutical and medical equipment and diagnostic industries is defined as:

* having a significant financial interest in a product or company directly or indirectly;
* being or having been an employee, or engaged in a consulting capacity (including medical advisory boards, expert testimony), of a company with financial interest;
* substantial research support provided;
* receiving sponsored attendance at national and international conferences.
* patents pending or granted.

Major sponsorship by the pharmaceutical or medical and diagnostic industries would not include sponsorship for giving lectures or the reasonable costs connected with them.

**Please complete this section even if you have no conflict of interest to report.**

**If this section is not completed, the proposal will not be considered.**

First name: Surname:

Title:

Course proposer for Sleep DownUnder 2023

|  |  |
| --- | --- |
| Company name | Nature and details of interest |
|  |  |
|  |  |
|  |  |

Please state if your interest is limited to a particular product or group of products.

SIGNATURE: DATE:

Please upload the short form via the portal