A logo for a sleepless event

Description automatically generated with medium confidence

**Session Type**

Plenary  Symposium

**Area of Interest (check all that apply):**

Sleep and breathing - Clinical  Chronobiology   
 Sleep and Breathing – Epidemiology  Sleep Measurement and Technologies

Sleep and Breathing – Surgery  Sleep Neuroscience

Upper Airway Physiology  Sleep Education and Intervention

Paediatric  Sleep Health

Dental Sleep  Insomnia

Occupational Health, Safety and Performance

Sleep, Exercise and Nutrition

Other

**Type of session**

Suitable for clinical stream: ≥50% of speakers are clinicians (e.g. physicians, surgeon, dentists advanced trainees, nurses, psychologists, clinical researchers)

Suitable for clinical physiologist stream: ≥50% of speakers are clinical physiologists/sleep scientists.

Suitable for Sam Robinson Memorial Symposium (Upper Airway Surgery)

Suitable for a New Zealand focused session

E Equity & Inclusion session – career inequity, healthcare access inequity, socioeconomic determinants of health, and health/societal disparities in sleep health (e.g indigenous sleep health, career inequities for women in research)

**Target Audience (please check all that apply):**

Physicians

Surgeons

Basic Scientists

Clinical Scientists

Applied Scientists

Psychologists

Dentists

Nurses

Allied Health Professionals

Advanced Trainees

Early Career Members

Students

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session Title:**

**Short description of session:** *Please note this description will be included in the program overview to attract potential registrants and delegates to the session.* (max 150 words)

**Scientific Content:** Describe the content that will be covered during the session, making its purpose clear. Please provide specific detail on the rationale for the plenary/symposium and then overview each presentation including proposed length and any question time or panel discussion time. (Minimum 1500 characters.)

All proposed sessions will be reviewed for quality of the content. The proposed speakers and chairs will also be assessed for representational balance with preference given to those that address diversity in the representational balance.

**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)**?**

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**Learning Objectives:**

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

**Need and potential impact:**

Explain how this session will contribute positively to the conference and the broader sleep community. (max 200 words, for review purposes only)

**Participants:**

The following details must be given for **each** proposed participant. You are welcome to propose one of the invited international speakers however availability will need to be checked by the committee prior to their invitation. Please make sure all speakers (except international speakers) have confirmed participation.

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| --- | --- | --- | --- | --- | --- |
| ***Full Name:*** | ***Institution:*** | ***E-mail:*** | ***Role (e.g chair, speaker, panel member)*** | ***Proposed Presentation Title*** | ***Confirmed? (Y/N)*** |
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**Are you applying for funding for one of your speakers? Yes / No**

If yes, please detail below who you wish to fund and the contribution they are likely make to the ASA/ANZSSA membership through their participation at this meeting (max 300 words)

**Proposed by:**

Name: E-mail address:

Contact telephone number: Date:

**The Conflict of Interest Form MUST be filled in and submitted at the same time as this proposal.**

**DECLARATION OF CONFLICT OF INTEREST FOR SESSION PROPOSER**

The Association office will maintain a Conflicts of Interest Register for those who are proposing sessions. 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.**

SURNAME: …………………………………………… FIRST NAME:……………………………………. Title:……………..

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| --- | --- |
| NAME OF COMPANY | NATURE AND DETAILS OF INTEREST (e.g consultant, Grants/Research Support Recipient, board member, advisor) |
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SIGNATURE: …………………………………………………. DATE: …………………………………..