



2026 TSANZSRS ASM Postgraduate Workshop

Expression of Interest

TSANZ members are now invited to submit an expression of interest to run a postgraduate workshop at the ASM. This offer is only open to TSANZ members.

This workshop will take place on Friday 27 March 2026, as a half-day or full-day workshop

Expressions of Interest must be made on this form and will be reviewed by the Conference Steering Committee (CSC). If approved by the CSC, submitters will be required to develop the program and intended speakers which will be reviewed by the Education and Training Subcommittee (ETS) of the Board.

Please note, programs must meet the [TSANZ diversity and inclusion criteria](https://thoracic.org.au/about-us/operational-policies/).

Approved applications must comply with the TSANZ Sponsorship, Logo and Conflict of Interest Policies.

[Sponsorship Policy](https://thoracic.org.au/wp-content/uploads/2021/09/TSANZ-Sponsorship-Policy.pdf)

[Logo Policy](https://secure.tcc.co.nz/ei/images/TSANZSRS23/Logo_Policy.pdf)

[Conflict of Interest Policy](https://secure.tcc.co.nz/ei/images/TSANZSRS23/TSANZ_Conflict_of_Interest_Policy.pdf)

Please do **NOT** approach potential sponsors or exhibitors for your workshop until it has been approved by the CSC.

Once your workshop has approval, you will be required to initiate contact with sponsors, copying in The Conference Company, to assist in securing funding.

Applications should be submitted via the Submission Portal

**The closing date for submission is 24th July 2025 at midnight AWST.**

[SUBMISSION PORTAL](https://tcc.eventsair.com/tsanzsrs-annual-scientific-meeting-2026/postgrad-form)

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| **Workshop Title** |  |

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| --- | --- |
| **Lead Convenor** |  |
| Name |  |
| Primary Employer |  |
| Telephone |  |
| Email |  |
| TSANZ Member number |  |

|  |  |
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| **Convenor 2** |  |
| Name |  |
| Primary Employer |  |
| Telephone |  |
| Email |  |
| TSANZ Member number |  |

|  |  |
| --- | --- |
| **Convenor 3** |  |
| Name |  |
| Primary Employer |  |
| Telephone |  |
| Email |  |
| TSANZ Member number |  |

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| --- | --- |
| Names of other organising committee members  (if applicable) |  |

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| Proposed length of workshop (half or full day) |  |
| Venue (if other than conference venue) |  |
| Room layout  (theatre, round tables, other) |  |

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| **Description**  State the objective of the workshop, with a brief rationale explaining the importance and relevance to TSANZ members.  Note for successful applications, the information will be used to gain sponsorship, listed on the website, registration form and the program. |  |

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| **Program details**  Outline the proposed program, indicating a list of proposed topics. You may also include a brief description for each session topic. |  |

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| **Outcomes**  Please describe the intended learning outcomes including what participants get out of it/what will they be able to do after completion of the workshop. |  |

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| **Participants**  Provide details of the types of participants and anticipated number of attendees.  Please include if there is a minimum or maximum for the workshop to run. |  |

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| **Expenses**  Please detail any significant expenses or challenging equipment requirements that may have significant cost implications (do not list standard conference facilities/AV). |  |

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| **Sponsors**  Please do NOT approach sponsors at this stage. However, please provide suggested sponsors and any relevant contact details.  **If you do not have suggested sponsors, and funding is not found, your workshop cannot proceed** | * Suggested Sponsor 1 * Contact name * Email address * Suggested Sponsor 2 * Contact name * Email address * Suggested Sponsor 3 * Contact name * Email address |

# **Convenor Agreement:**

I, as lead convenor understand that if accepted, I agree to manage all aspects of the delivery of the workshop in accordance with TSANZ policies and the agreement for workshop delivery. This includes ensuring all sponsorships are managed through TSANZ office / TCC in order to ensure effective sponsor management and to protect TSANZ relationships with sponsors. All sponsor contracts are to be signed by the TSANZ CEO to ensure compliance with Medicines Australia Guidelines and relevant policies.

I acknowledge that as for TSANZ badged events of any type, the Society retains control over program content and development. For the avoidance of doubt, at no time will TSANZ accept funding if it does not retain complete control over program content and development. TSANZ retains sole control of the identification of needs, determination of objectives, content, speakers, methods and materials.

Please be advised that the ASM workshop must be administered via the TSANZSRS ASM website for registrations and promotional purposes.

I acknowledge that the final decision regarding Postgraduate Workshop selection will be made by the CSC and ETS entirely at their discretion. A range of factors will be considered when making the decision, including whether the workshops provide coverage to as many professional groups as possible, venue constraints, programming and risk assessment.

I acknowledge that TSANZ may cancel a postgraduate workshop prior to the ASM if the workshop is not achieving required registrations, is not financially viable or otherwise becomes unsustainable.

As TSANZ is underwriting the workshop, I accept that they will seek to recoup costs and that proceeds will be used to support TSANZ member services.

**Name:**

# **Application Submission**

Applications should be submitted via the Submission Portal

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