



Association of Stoma Care Nurses UK

## ASCN UK Endorsement Application Form

### Applicant:

Name of Organisation:	
Name of Lead Contact Person:	
Job Title:	
Correspondence Name & Address:	
Telephone:	
Email:	
Additional Contributors: Please state name & relevant qualifications/expertise:	

### Application category details:

Title of Application:	
Proposed Date(s) of Event (if applicable):	
Location of Event * (if applicable):	
Expected number of participants for event (if applicable):	
<b>Abstract for Application:</b> (description/summary of activity)	
<b>Content of the programme.</b> <b>Inc. attachments:</b> <b>copies of any material / literature,</b> <b>agenda for the event <i>detailed times, speakers and content outline.</i></b>	



Association of Stoma Care Nurses UK

<b>etc.</b>	
<b>Outcomes/Objectives of Application:</b>	
<b>Identify how learning outcomes will be measured?</b> Describe what processes are in place to monitor/measure outcomes (where appropriate)	
<b>Please identify any product promotion within the application:</b>	

\*Please ensure any application for an event must comply with current MedTech Guidelines

All successful Endorsements are subject to the terms and conditions of the Endorsement Application and brand guidelines please see [www.ascnuk.com](http://www.ascnuk.com)

**PLEASE SUBMIT TO: [ascnuk@in-conference.org.uk](mailto:ascnuk@in-conference.org.uk)**

*For ASCN use only*

**1<sup>st</sup> reviewer**

Name .....

Date reviewed .....

Accepted **Yes/No**

Comments .....

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Sign .....

Title .....

**2<sup>nd</sup> reviewer**

Name .....

Date reviewed .....

Accepted **Yes/No**

Comments .....

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Sign .....

Title .....