## The Society of Anaesthetists of Wales Cymdeithas Anesthetyddion Cymru

## Spring Scientific Meeting 2020 6 March 2020 Vale Resort Hotel, Hensol

**Professor Michael Rosen Prize Competition Application Form.** 

## Details of the first author of the presentation:

Name including title:
Job title / grade:
Hospital:
Full correspondence address:
Telephone:
Mobile:
Email:
Title of abstract:
<u>Category</u> : Quality Improvement & Audit / Case Report / Research
Details of the presenter (if different to above):
Name including title:
Name metading title.
Job title / grade:
Hospital:

## Declaration

I hereby submit my abstract to the Society of Anaesthetists of Wales for consideration of presentation at the Spring Scientific Meeting. By e-mailing the form to Dr. Danielle Huckle on sawcouncil.secretary@gmail.com or posting the form to the Society, I declare that:

- I am one of the participants in the project.
- I have read and understood the rules pertaining to the competition.
- For quality improvement / audit projects, the project has been registered with the Audit Department in the hospital(s) concerned.
- For case reports, informed consent has been obtained from the patient for presentation of the case and for any photos or images used therein.
- For research projects, approval from the local Research & Development Board has been obtained.
- No personal identifiable information relating to patients is included in either the abstract or the presentation. (The exception is for photos for which consent had been obtained.)

Please submit abstracts to sawcouncil.secretary@gmail.com by Friday 21 February 2020.