



**RPSGB CPD Facilitation Request Form**

Please complete this form to request a CPD Facilitator to run an event for you

Please return the completed form to the Professional Development and Education team at the RPSGB by sending it to [cpdfacilitation@rpsgb.org](mailto:cpdfacilitation@rpsgb.org)

**ORGANISER'S DETAILS:**

**CONTACT NAME**

**CONTACT EMAIL:**

**CONTACT PHONE NUMBER:**

**EVENT DETAILS:**

**DATE OF EVENT:**

**TIME OF EVENT:**

**VENUE DETAILS:**

**LAYOUT OF VENUE (cabaret, theatre style, etc):**

**LENGTH OF TIME YOU WISH CPD FACILITATOR TO PRESENT:**

**EXPECTED NUMBER OF ATTENDEES (we recommend groups of at least 12 people):**

**EXPECTED MIX OF ATTENDEES: Please tick all that apply**

- |                                     |   |                                   |                                       |
|-------------------------------------|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Community  | <input type="checkbox"/> Hospital             | <input type="checkbox"/> Academic | <input type="checkbox"/> Primary care |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Pharmacy Technicians | <input type="checkbox"/> Other    |                                       |

**HAVE YOU ALREADY APPROACHED A CPD FACILITATOR?**

- YES                       NO

**IF YES, PLEASE STATE WHO YOU HAVE APPROACHED .....**

**ARE THEY ABLE TO FACILITATE THIS EVENT?**

- YES                       NO

***Please ensure ALL of the above information has been completed and then return the form to:***

Professional Development and Education Team  
Royal Pharmaceutical Society of Great Britain  
1 Lambeth High Street  
London  
SE1 7JN

Fax: 020 7572 2501  
Email: [cpdfacilitation@rpsgb.org](mailto:cpdfacilitation@rpsgb.org)