

ESGENA Workshops for Endoscopy Nurses

APPLICANT'S DETAILS

Country	
Name of national Society	
Name of Contact person	
Postal address	
• Tel:	
• Fax:	
• Email:	



ESGENA Workshops for Endoscopy Nurses

EVENT DETAILS

Title of event:	
Date of event:	
Duration: (1-3 days) Considerations: Length of workshop Start time needs to fit the distance attendees have to travel	
Aims of Event: The OVERALL purpose of the workshop	
Expected Learning Outcomes of Event: What the attendees should learn, be able to do after the workshop. This needs to be SMART: S = Specific M = Measurable A = Attainable R = Realistic T = Timely	At the end of this session the participants should be able to: 1) 2) 3)
Type of Workshop • Lectures and or hands-on-training • Basic, intermediate, advanced workshop	
Hospital/Conference Centre/University/Hotel/ Other (please specify): Number of available lecture halls	
Target Audience: Nurses and or associates? Experience and knowledge of attendees, basic qualifications, etc	
Number of participants Unlimited access or limited number of participants? Is a limit necessary for handson-training?	
Sponsors: If already fixed	