



**THE COLLEGE
OF HEALTH**

College of Health External Speaker Policy : Event Approval Form

Please return this form to Matt Green, Chief Operating Officer, College of Health.

(mattgreen@collegeofhealth.uk)

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| Event Sponsors Details | Name: | |
| | College Role: | |
| | Tel: | Email: |
| | I have read the College's External Speaker Policy and understand the College's approach to the Prevent Duty, and Policy on Freedom of Expression. Please tick the box here and sign below. | |
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| Proposed Event Details | Title of event: |
| | Date : |
| | Venue: |
| | Subject Matter: |
| | Format (e.g. online/physical, round table, plenary, lecture) |
| | Who is your target audience? |
| | What is your target number of attendees? |
| | How will you ensure that the subject matter provides a balanced view or that there is the opportunity for alternative perspectives to be provided? |
| Proposed External Speaker(s) | Name(s): |
| | Position(s) (e.g. job title, roles in any professional bodies, representation associations, political parties etc) |
| | Please provide a link to a CV |
| | Has the proposed speaker(s) ever been prevented from speaking at a public event? |

Signature: **Date:**