



**Spring Scientific Meeting 2024**

**10th & 11th Oct 2024**

**ABSTRACT DEADLINE SEPTEMBER 1st 2024**

**Professor Michael Rosen Prize Competition Application Form**

**Details of the first author of the presentation:**

***For staff-in-training only:***

Name including title:

Job title / grade:

Hospital:

Full correspondence address:

Telephone:

Mobile:

Email:

***For Medical Students only:***

Name:

Medical School year:

Full correspondence address:

Telephone:

Mobile:

Email:

Hospital where work was undertaken:

Named supervisor for project (must be consultant or senior trainee ST6 or above):

Supervisor correspondence email:

**Title of abstract:**

**Category:** Quality Improvement & Audit / Case Report / Research

**Details of the presenter (if different to above):**

Name including 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.)

**ABSTRACT:**