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**Andrew Sims Centre Event Management**

Questionnaire Form

Thank you for your interest in running an event with the Andrew Sims Centre (ASC). To ensure we send you an accurate quotation, please answer the following questions and return the form to [andrewsimscentre.lypft@nhs.net](mailto:andrewsimscentre.lypft@nhs.net) or your ASC direct contact. We will arrange a meeting if we have any additional questions or require clarification. Please note the event management fee will take place once you have signed the quotation agreement and returned to us.

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| **QUESTION** | **ANSWER** |
| 1. What is the name of your event? |  |
| 1. What is the purpose of your event? |  |
| 1. Is your event a half day, full day or multiple days? |  |
| 1. Is your event virtual or face-to-face? |  |
| 1. When would you like this event to run? |  |
| 1. If you answered face-to-face in the previous question, please advise where you would like the event to be held? | *e.g. Leeds city centre, Trust site etc.* |
| 1. How many delegates are expected to attend? |  |
| 1. Who are the delegates? | *e.g. Consultant Psychiatrists* |
| 1. Are delegates expected to pay a ticket price to attend your event? |  |
| 1. If you answered yes to the previous question, how much would you like to charge the delegate? |  |
| 1. Will you be sourcing the speakers for the event or do you require ASC to do this? |  |
| 1. Do you require a post-event evaluation? |  |
| 1. Do the delegates need a certificate of attendance and/or CPD certificate post-event? |  |
| 1. Do you have any budgetary limits to adhere? If so, please advise. |  |
| 1. Any other additional information you believe would be important for ASC to be aware of at this stage. | *e.g. multiple workshops* |