**RESOURCE 1, MEETING INVITATION**



Sample Invitation provided as a service to PCRS affiliated groups

NAME AND ADDRESS

Dear NAME,

Re: TITLE OF MEETING, DATE, VENUE

We would like to invite you to a meeting to discuss the formation of a local Respiratory Group which has the opportunity to be affiliated to the Primary Care Respiratory Society (PCRS).

PCRS is the voice of respiratory primary care and is well established as an independent and authoritative professional society, supporting the development and delivery of optimal respiratory health, especially committed to providing quality respiratory information and support to members working in primary care throughout the UK.

The meeting will be held on [DATE, TIMING] at the [VENUE].

The aim of the meeting is to provide an opportunity to form a group of continuous support for those working in Primary Care managing patients with respiratory disease. This meeting will also give an opportunity to discuss (MAIN TOPIC).

[DETAILS OF MEETING CONTENT, OBJECTIVES AND EXPLANATION OF ANY ATTACHMENTS (RESPONSE FORM, AGENDA ETC)].

[COMPANY] has kindly agreed to sponsor the meeting.

To confirm your attendance please reply by return email with any special requirements to …………………………..@...........................

Yours sincerely,

[NAME AND SIGNATORY OF ORGANISER

CONTACT INFORMATION]

Sample first agenda provided as a service to PCRS affiliated groups



**RESOURCE 2, FIRST MEETING SUGGESTED AGENDA**

**Agenda**

TITLE OF MEETING

DATE and TIMES

ROOM NAME AND VENUE

 Speaker Name

* Welcome and introductions Name
* Why set up a local group? Name
* Opportunities of support from the PCRS Name
* Overview of the PCRS Name
* Clinical update: TOPIC Name
* Discussion:
	+ What do we want out of the group? All
	+ What do we want to call the group? All
	+ Does the group want to be affiliated with the PCRS? All
* Close

Sample costings grid provided as a service to PCRS affiliated groups



**RESOURCE 3, COSTINGS GRID**

**TITLE OF MEETING/DATE/VENUE**

Suggested checklist of items that should be budgeted for when planning the meeting:

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Cost per item(this is cost per individual item) | Number(Number of items) | Total(cost x number of items) |
| Venue Room Hire |  |  |  |
| Audio visual equipment |  |  |  |
| Food and beverages |  |  |  |
| Speaker honorarium |  |  |  |
| Speaker expenses |  |  |  |
| Group Leader honorarium (optional) |  |  |  |
| Stationery/postage |  |  |  |
| Photocopying:e.g. agenda,certificates attendance & evaluation forms, handouts, etc |  |  |  |
| TOTAL |  |  |  |

Please note that the PCRS cannot accept any responsibility for financing local meetings.

Sample confirmation letter provided as a service to PCRS affiliated groups



**RESOURCE 4, SAMPLE CONFIRMATION LETTER**

NAME AND ADDRESS

Dear NAME,

Re: TITLE OF MEETING, DATE, VENUE

Thank you for registering to attend the above meeting, which has kindly been sponsored by (Company/organisation name).

The meeting will take place at [Venue name] and commence at [Time] which is located by [Driving instructions and location information]. [Include location map if available/required]

A copy of the meeting programme is attached for your reference. I look forward to seeing you at the meeting.

If, for any reason, you find that you are no longer able to attend this meeting please contact me on the following number at your earliest convenience [Your mobile number].

Yours sincerely,

[Name and Signatory of Organiser]

[Contact Information]

Sample meeting evaluation provided as a service to PCRS affiliated groups



**RESOURCE 5, SAMPLE MEETING EVALUATION FORM**

TITLE

DATE & VENUE

In order to help plan the next meeting, please provide feedback by spending a few minutes completing this form. Please rank the below (1= not valuable, 10=extremely valuable)

How valuable did you find the following?

[TITLE OF PRESENTATION 1] 1 2 3 4 5 6 7 8 9 10

[TITLE OF PRESENTATION 2] 1 2 3 4 5 6 7 8 9 10

Networking with colleagues at the meeting

 1 2 3 4 5 6 7 8 9 10

What was the most challenging or thought-provoking idea that you will take back to practice as a result of the meeting?

Please rank the below questions (1=poor, 10=excellent)

How well planned was the meeting? 1 2 3 4 5 6 7 8 9 10

How well organised was the meeting? 1 2 3 4 5 6 7 8 9 10

Venue/meeting facilities 1 2 3 4 5 6 7 8 9 10

Any additional comments or improvements

Are you a member of PCRS? ❑ Yes ❑ No ❑ Not yet, but I will join now

Ideas of topics for future meetings

**RESOURCE 6, SAMPLE CERTIFICATE OF ATTENDANCE**



**CERTIFICATE OF ATTENDANCE**

This is to certify that:

***NAME***

attended the following meeting:

***TITLE OF MEETING***

on

***DATE***

at

***VENUE***

……………………………………………………………………………….

*SIGNATURE OF ORGANISER AND NAME*

*………………………………………………………………………………*

*NAME OF GROUP*

**CERTIFICATE OF ATTENDANCE**

This is to certify that:

***NAME***

attended the following meeting:

***TITLE OF MEETING***

on

***DATE***

at

***VENUE***

……………………………………………………………………………….

*SIGNATURE OF ORGANISERAND NAME*

*………………………………………………………………………………*

*NAME OF GROUP*

**CERTIFICATE OF ATTENDANCE**

This is to certify that:

***NAME***

attended the following meeting:

***TITLE OF MEETING***

on

***DATE***

at

***VENUE***

……………………………………………………………………………….

*SIGNATURE OF ORGANISERAND NAME*

*………………………………………………………………………………*

*NAME OF GROUP*

Group leaders feedback form provided as a service to PCRS affiliated groups



**RESOURCE 7, GROUP LEADERS FEEDBACK FROM TO PCRS**

The PCRS value your feedback and want to know how we can help you further. Please complete this feedback from and return to PCRS via email mel@PCRS.org or post to the address below

TITLE OF MEETING

NAME OF GROUP

VENUE DATE OF MEETING

How many were invited to attend the meeting?

How many attended the meeting?

How many of the attendees were already members of PCRS?

Do you have a further meeting booked YES / NO

Do you require more information on affiliation to the PCRS? YES / NO

How useful was the resource pack when planning the meeting?

(1=poor, 5=excellent, 0=did not use the pack) 1 2 3 4 5 0

Is there any further material you suggest could be included in the resource pack?

Who is the lead for the group?

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any further support you would like to see from the PCRS?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_