**Approval Form for Conference Presentation or Publication Submission**

**Purpose**

This cover letter is to accompany material to be submitted for public presentation or publication from a MNCLHD employee in accordance with **MNC-GUI-0098-20** – Guideline for Presentations and Publications (External).

**Instructions to Applicant**

1. Complete this form and forward to relevant Senior Executive Team Member with the material to be presented / published.

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| --- | --- | --- | --- |
| Directorate Details | | | |
| SET Name |  | Directorate |  |
| Applicant Details | | | |
| Applicant Name |  | Position |  |
| Facility |  | Dept / Ward |  |
| Email |  | Phone |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Details of Application: | Conference | Poster |  | Oral |  | Publication |  |
| Details | *e.g. name, date & location of conference or journal name* | | | | | | |
| Title |  | | | | | | |
| Summary *(50 words max)* |  | | | | | | |

**SET Member Use Only**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Supported? | Yes |  | No |  |  |  |
| Signature |  | | | | Date |  |

*If supported - forward to Presentation & Publication Panel (*[*MNCLHD-Research@health.nsw.gov.au*](mailto:MNCLHD-Research@health.nsw.gov.au)*)*

*If not supported – notify applicant*

**Presentation & Publication Panel Use Only**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Approved? | | Yes |  | No | High level of risk identified | | | |
| Signature |  | | | | | Date |  |

**MNCLHD Chief Executive Use Only (if applicable)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Approved? | | Yes |  | No |  |  |  | |  | |
| Signature |  | | | | | Date | |  | |

*Notify Presentation & Publication Panel (*[*MNCLHD-Research@health.nsw.gov.au*](mailto:MNCLHD-Research@health.nsw.gov.au)*)*