

Appendix One Application Form

LAW office use only

Approved for \$_____

Discussed at Meeting

PES

Paid

Demographics

Application Date

Program

Event name

Event date

Event organizer name

Event organizer email

Wellbeing representative name and email (if different from organizer)

Total number of residents in this program:

Number of residents expected to attend event:

Number of non-resident attendees expected to attend:
(family members, spouses – not including staff
physicians):

Total number of attendees expected to attend:

Will staff/faculty be included?

Yes

No

Appendix One

Application Form Continued

Event Details

Event Description

Wellbeing Goals

How does the event, as outlined above, lead to the achievement of your wellbeing goals?

[Empty response box]

Appendix One

Application Form Continued

Budget Details

Total money requested:

Please attach a budget to this application form or outline below

Signatures

Program Director Name _____

Program Director Signature _____

Event Planner Name _____

Event Planner Signature _____

Wellbeing Representative Name (if different) _____

Wellbeing Representative Signature (if different) _____