



## U of C Resident Physician Wellbeing Event

### Application Form

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#### DEMOGRAPHICS

Program: \_\_\_\_\_ Application Date: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event date: \_\_\_\_\_

Event organizer: \_\_\_\_\_

Organizer email: \_\_\_\_\_

Number of residents in program: \_\_\_\_\_ Number of residents to attend: \_\_\_\_\_

Number of non-resident physician attendees expected to attend: \_\_\_\_\_  
(family members, spouses/partners)

Total number of attendees expected to attend event: \_\_\_\_\_

Will staff/faculty be included?      Yes      No

EVENT DETAILS

Event Description:

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Wellbeing Goals:

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

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