



PARA
Professional Association of
Resident Physicians of Alberta

U of C Resident Physician Well-being Event

Application Form

DEMOGRAPHICS

Program: _____ Application Date: _____

Event Name: _____ Event date: _____

Event organizer: _____

Organizer email: _____

Number of resident physicians in program: _____ Number of resident physicians 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:

Well-being Goals:

How does the event, as outlined above, lead to the achievement of your well-being goals?

BUDGET DETAILS

Total money requested: _____

Please attach a budget to this application or outline below

Signatures

Program Director Name

Program Director Signature

Event Planner Name

Event Planner Signature