Speaker Engagement request form

## Thank you for your interest in CQC

To ensure we can assist you in your request, please ensure that you are giving CQC at least 6-8 weeks’ notice of your event before submitting this form.

## Section 1: Contact information

|  |  |
| --- | --- |
| Contact name | Click or tap here to enter text. |
| Contact telephone number | Click or tap here to enter text. |
| Contact email address | Click or tap here to enter text. |

## Section 2: Details of your event

|  |  |
| --- | --- |
| Event title | Click or tap here to enter text. |
| Purpose of event | Click or tap here to enter text. |
| Organisation hosting event | Click or tap here to enter text. |
| History of event (number of times held, past CQC speakers etc) | Click or tap here to enter text. |
| Date and time you are requesting a speaker for | Click or tap here to enter text. |
| Dates and duration of whole event | Click or tap here to enter text. |
| Where is your event being held? | Choose an item. |
| If physical venue, where (town) | Click or tap here to enter text. |
| What type of event is it? | Choose an item. |
| If other, how would you describe it? | Click or tap here to enter text. |

## Section 3: Programme details

|  |  |
| --- | --- |
| What do you want CQC to talk about? | Click or tap here to enter text. |
| What are you asking the speaker to do? | Keynote speech  Panel discussion  Presentation  Other |
| If other, please explain | Click or tap here to enter text. |
| If panel discussion, tell me more (other panellists, format, whether opening remarks are required etc) | Click or tap here to enter text. |
| How long is the speaking slot? | Click or tap here to enter text. |
| Have you contacted anyone else at CQC about the event/session before now? If so, please let us know who | Click or tap here to enter text. |
| Description of audience | Click or tap here to enter text. |
| Expected audience size | Click or tap here to enter text. |

## Section 4: Including the voice of lived experience

|  |  |  |
| --- | --- | --- |
| Are any of the speakers at the event people with lived experience of care? E.g. people who use services, their family/friends (more info [here](https://carequalitycomm.medium.com/empowering-the-voice-of-people-who-draw-on-social-care-c0367cf2c3af)) | | Yes  No |
| Is the voice of lived experience represented in other events you organise? | | Yes  No |
| Have you taken other steps to be inclusive of the voice of lived experience in the planning of your event? | | Yes  No |
| Please provide details on your answers to the above three questions | Click or tap here to enter text. | |

## Section 5: Final details

|  |  |
| --- | --- |
| Will this event be recorded or photographed? | Yes, photographed  Yes, recorded |
| Will there be media present at your event? (if not, please notify us if this changes) | Yes  No |
| Will slides be required? | Yes  No  Speaker’s choice |

## Submitting the form

Please ensure all fields of this form are completed and send:

* by email to [speaker.engagement@cqc.org.uk](mailto:speaker.engagement@cqc.org.uk?subject=%3cEVENT%20DATE%3e%20-%20%3cNAME%20OF%20EVENT%3e) with a copy of your agenda/ programme attached
* confirming the name of your event and the date, in the subject line of your email

If you have any queries, please contact Ralph Buckle at [speaker.engagement@cqc.org.uk](mailto:speaker.engagement@cqc.org.uk?subject=%3cEVENT%20DATE%3e%20-%20%3cNAME%20OF%20EVENT%3e) or 07393 754 216.