**A COMMITMENT TO EDUCATION**

As part of our commitment to support the continuing medical education of Healthcare Professionals (HCPs) working within the field of drug and alcohol addiction, Camurus dedicates a defined amount of funding each year to support individual HCPs with registration fees to attend selected third party meetings or conferences.

OUR PRINCIPLES

To ensure that sponsorship is awarded in an ethical, transparent and fair manner, we support HCP’s whose applications for funding meet criteria according to UK compliance guidelines and our own internal policies. Due to the finite budget associated with this support, we also operate on a first come, first served basis, and therefore good applications may still be denied, where funding is no longer available.

Where Camurus does agree to support an HCP with registration fees to attend third party meetings, under no circumstances does Camurus wish to receive anything in return. The support is not offered as an inducement to prescribe, supply, administer, recommend, buy or sell a Camurus medicine nor is the offer of support linked to any promotional activity (for example the requirement to attend a promotional presentation or symposium at the third party meeting).

OUR CRITERIA

For an application to be successful, there must be a demonstrable link between the knowledge gained by the HCP through attending the meeting and direct application to clinical practice. Camurus is unable to support HCPs whose primary objective is to enhance their own CV.

Furthermore, the HCP must meet the following criteria:

1. The HCP has a current role within or has demonstrated a strong interest in the therapeutic area, and;
2. The HCP has demonstrated a genuine desire to improve services and clinical effectiveness in the therapeutic area, and/or;
3. The HCP has a specific health need in their patient population relevant to the meeting.

IMPORTANT TO NOTE

The offer of support applies to meetings/events specified by Camurus and taking place in the UK or virtually.

Our support extends only to registration fees and does not include expenses for travel, accommodation, food and drink, social activities and events and or any other related expenses that may be incurred.

Where educational meetings offer both in-person and virtual attendance, Camurus’ preference will always be to support virtual attendance. In-person attendance will only be funded by exception should the applicant be able to demonstrate legitimate justification to attend in person, rather than virtually.

All arrangements related to registration for the event/meeting must be completed by the applicant, including upfront payment. The applicant must provide proof of attendance and a payment receipt in order to be reimbursed by Camurus.

WHAT NEXT?

If you’re interesting in submitting an application to attend a third party educational meeting or event, please fully complete the form below and email it to [Camurus.UK@camurus.com](mailto:Camurus.UK@camurus.com).

Applications will be reviewed by the Camurus Medical Team and the applicant will be advised of the success or not of their application via email. Any decision should be deemed as final.

**HCP APPLICATION FOR SUPPORT TO ATTEND AN EDUCATIONAL EVENT/MEETING**

**PLEASE COMPLETE ALL FIELDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL NAME OF APPLICANT:** |  | | | |
| **YOUR ROLE:** |  | | | |
| **YOUR ORGANISATION:** |  | | | |
| **EMAIL ADDRESS:** |  | | | |
| **CONTACT TEL NO:** |  | | | |
| **WORK ADDRESS:** |  | | | |
| **EVENT/MEETING YOU WISH TO ATTEND:** |  | | | |
| **DATE OF EVENT/MEETING:** |  | | | |
| **EVENT/MEETING VENUE:** |  | | | |
| **REGISTRATION TYPE:** | **IN-PERSON:** |  | **VIRTUAL:** |  |
| **COST OF REGISTRATION** |  | | | |
|  |  | | | |
| **WHY DO YOU WISH TO ATTEND THIS EVENT/MEETING?** |  | | | |
| **HOW IS THIS EVENT/MEETING RELEVANT TO YOUR ROLE?** |  | | | |
| **PLEASE SPECIFY YOUR KEY LEARNING OBJECTIVES FOR THIS EVENT/MEETING?** |  | | | |
| **HOW DO YOU INTEND TO APPLY THE LEARNING FROM THIS EVENT/MEETING TO YOUR CLINICAL PRACTICE?** |  | | | |
| **WHAT IMPROVEMENTS WOULD YOU EXPECT IN TERMS OF SERVICE DELIVERY OR OUTCOMES BY ATTENDING THIS EVENT/MEETING?** |  | | | |
| **PLEASE ADD ANY OTHER INFORMATION THAT MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION:** |  | | | |
| **DATE OF APPLICATION:** |  | | | |

**ONCE COMPLETED, PLEASE SEND YOUR FORM TO** [**Camurus.UK@camurus.com**](mailto:Camurus.UK@camurus.com)