CO-DESIGNING
THE FUTURE
of Primary Health Care

Corresponding Presenter Details

**Please provide the following details about the corresponding presenter.**
**This person will be our point of contact for notifications about acceptance,**
**scheduling, and follow-up requirements. Ideally, they will be the lead presenter of**
**the learning session or poster at the conference.**

* 1. **Corresponding presenter**

| | |
|---|---|
| Full name | |
| Job title | |
| Organization | |
| Email address | |
| Alternate email address (optional) | |
| Phone number | |

* 2. **Are there any additional presenters or co-authors?**

If you answer "yes" you will be taken to the next page to enter their information.

◯ Yes

◯ No

## Additional Presenters & Co-Authors

**Please provide name, title/role, and organization for up to three additional presenters.**

3. **Second presenter**

Full name

Organization

4. **Third presenter** (if applicable):

Full name

Organization

5. **Fourth presenter** (if applicable)

Full name

Organization

6. **Co-authors**

Please list the names of any co-authors to be listed in the program.

## Session Details

**Your answers to these questions will help our reviewers determine the suitability of your presentation for our Conference.**

\* 7. **Session title**

\* 8. **Short description** (30-50 words)

This is how your presentation will appear in the Conference program if accepted.

\* 9. **Session objectives and learning outcomes**

Please provide up to three (3) concrete and measurable learning objectives specific to your session. What new skills or knowledge will session attendees acquire from your presentation?

Session objectives and
learning outcomes 1

Session objectives and
learning outcomes 2

Session objectives and
learning outcomes 3

* 10. **Which Conference priority topic(s) does your session most align with?**
Select up to three.

- [ ] Whole-of-community approaches to health and wellbeing
- [ ] Tailoring primary health care for the needs of rural and northern communities
- [ ] Advancing meaningful, interprofessional collaboration within primary health care teams
- [ ] Advancing integration of clinical and social care
- [ ] Partnering across sectors to build resilient health systems
- [ ] Going upstream: Supporting the social and structural determinants of health
- [ ] Digital equity & equitable approaches to virtual care
- [ ] Data collection, governance, sovereignty and stewardship / Privacy & security
- [ ] Building capacity for community governance
- [ ] Partnering with clients and communities
- [ ] Indigenous health in Indigenous hands

* 11. **Primary audience(s)**
Select up to three.

- [ ] Front-line clinical and/or program staff
- [ ] Senior management
- [ ] Policy makers
- [ ] Program management
- [ ] Board members
- [ ] Administration staff (reception, IT, finance, etc.)
- [ ] Clients, family members, and/or caregivers
- [ ] Partnering organizations in the community
- [ ] Other (please specify)

[                                                   ]

* 12. **Are clients and community members engaged in the co-design of the project?**

- ( ) Clients and/or community members are leading this work
- ( ) Clients and/or community members have been engaged in co-design throughout the work
- ( ) Clients and/or community members have been engaged or consulted
- ( ) No
- ( ) Other (please explain)

[                                                   ]

\* 13. **One-page description of project or program** (approx. 500 words)

Describe the project or program in one page. Consider using headings, such as:

- **Challenge:** What need or issue did the initiative address? What strengths and assets was it designed to enhance?
- **Action:** Describe the initiative. How was it developed and implemented? If your program or project is just getting started, what is your plan for it?
- **Impact:** What were the outcomes and how did you measure them? What were the key learnings? If your program or project is just getting started, what impact do you expect to see, and how will you measure it?
- **Trajectory:** What's next? Is the program ready for scale and spread? Can it be adapted for evolving needs and an uncertain future? How can the learnings be put to use?

Our reviewers will use this to determine the suitability of the presentation for the Conference according to the following criteria:

- Relevance to the conference themes and priority topics
- Equity and diversity
- Organization and clarity
- Evidence and impact
- Future-readiness
- Inclusion of lived experience expertise

**Your selection(s) will help us develop the Conference schedule and determine whether there is capacity in our program to accommodate your presentation.**

\* 14. **Please tell us your preferred format for this presentation and whether other formats would be acceptable if offered.**

|  | **Most preferred** | **Would accept** (if my preference can't be accommodated) | **Would not accept** |
|---|---|---|---|
| **60-minute skill-building workshop.** There will be interactive, hands-on learning activities. | ○ | ○ | ○ |
| **60-minute panel presentation.** Up to four presenters will share distinct perspectives and respond to questions from a moderator and audience members. | ○ | ○ | ○ |
| **10-minute research or practice spotlight.** One presenter will present a high-level overview of a program, initiative, or project and key learnings and will participate in a shared Q&A with other presenters at the end. | ○ | ○ | ○ |
| **Poster presentation.** At least one presenter will be onsite at the conference and will stay with their poster throughout one poster session to respond to audience questions. | ○ | ○ | ○ |

15. **Please indicate preferred, available, and unavailable times**

|  | Preferred | Available | Unavailable |
|---|---|---|---|
| **Wednesday morning** (June 6) | ○ | ○ | ○ |
| **Wednesday afternoon** (June 6) | ○ | ○ | ○ |
| **Thursday morning** (June 7) | ○ | ○ | ○ |
| **Thursday afternoon** (June 7) | ○ | ○ | ○ |

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**By checking the boxes below and typing your name in the space provided, you acknowledge that you have read the terms and conditions for participating in the conference and you agree to abide by them.**

* 16. **I agree to the following terms and conditions on behalf of the presenters for this session.**

☐ If accepted, all presenters will register for the conference by the early bird deadline of April 17

☐ If accepted, one-day fee waivers will be provided to presenters listed on this application as follows:
1 voucher for a spotlight presentation
Up to 2 vouchers for a poster presentation
Up to 2 vouchers for a skill-building workshop
Up to 4 vouchers for a panel presentation

☐ All other expenses related to conference attendance will be the responsibility of the presenter(s) or their sponsoring organization

☐ If accepted, we will submit our final session description by April 30 and our slide deck by May 24

☐ **Type your name here.**

[                                        ]