## NHS Pensions – Meeting / Event request form

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| Person organising meeting/event |  |  |
|  | | |
| Email Address |  |  |
|  | | |
| Contact number |  |  |
|  | | |
| Organisation name/EA Code |  | |
|  | | |
| Outline of specific training  requirements, topics to discuss etc. |  | |
|  | | |
| Number of proposed attendees |  |  |
|  | | |
| Proposed dates and time slot |  |  |
|  | | |
| Proposed venue address |  | |
|  | | |
| Date request submitted |  |  |
|  | | |
| **Please return to** [**nhsbsa.stakeholderengagement@nhs.net**](mailto:nhsbsa.stakeholderengagement@nhs.net) | | |