## 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** |