# Conference 2018 – Proposal Submission Form

**Title:** Journey to Oz: Travelling Together Towards Inclusive Education

**When:** March 20th & 21st 2019

**Where:** Croke Park Conference Centre, Dublin

Complete and return this form to [christine.hynes@ahead.ie](mailto:christine.hynes@ahead.ie) **by Oct 15th 2018** to be considered for selection.

We are open to contributors suggesting other innovative formats and styles for contributions. There are a range of well-known styles of presentation which we encourage you to consider in relation to providing an engaging presentation which is universally accessible such as interactive, story-telling or round table focused sessions.

All selected contributors will be given 20% off the conference fees.

Where presentation space is unavailable, we may offer contributors to present their work in a different format e.g. in a poster session or exhibition format.

Please note that presenters must choose which of the year’s conference themes to submit their proposal under. This year’s Conference Themes are as follows;

Themes

* **Universally designed services: the evolving world of mainstreamed inclusion across campus**

Contributors to this theme are likely to be (but not limited to) those working in a student facing position e.g. work in estates, library services, career guidance, international officers, career placement etc.

* **Inclusive teaching and learning  – role models, engaging practice, flexible curricula & creating a sense of belonging**

Contributors to this theme are likely to be (but not limited to) those directly involved in teaching and learning e.g. teachers, academics, teaching and learning staff, educational developers etc.

* **Inclusion is everyone’s job: sharing expertise, knowledge and responsibility across campus**

Contributors to this theme are likely to be (but not limited to) those working in in disability related student support services, or any other staff involved with spreading knowledge about inclusive approaches on campus or promoting related institutional policies.

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| AHEAD/LINK Conference 2019 – March 20th & 21st - Dublin | |
| **Title of Proposal:** | Enter Title of Proposal Here |
| **Note on length/format:**  Where presentations are accepted, they will be mostly 30 minutes in length (usually 25 mins with 5 mins allocated for Q&A). | |
| **Provide a synopsis on the full proposal (Max 300 word):** | Enter Full Proposal Here. |
| **Which of The Conference Themes does your proposal fit under?** | Universally designed services  Inclusive teaching and learning  Inclusion is everyone’s job |
| **Please specify what is the desired format for presenting** | Please enter the expected format of your presentation |
| **Please mention one take-away you would like the audience to leave your talk with (max 50 words)?**  **i.e. any message or key learning that you want your audience to gain from your presentation** | Click here to enter text. |
| **What is the focus of this proposal based on (please select from the list provided)** | **Click and Chose from the dropdown** |
| **Audio Visual Needs (apart from laptop/projector for presentations):** | Enter AV Requirements Here. |
| **Country of Origin:** | Enter Country of Origin here |
| **Accessibility Requirements (e.g. sign language for contributors – we will cater for audience needs):** | Enter access requirements here |
| **Number of Contributors Involved:** | 0 |
| **\*Please note that all contributors will be required to pay the conference fee the with 20% off if proposal is selected.** | |

**Please Complete Info for all Contributors Below:**

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| Lead Contributor Information | |
| **Name:** (as you would like it to appear i.e. include title (Dr., Prof etc.) if appropriate. | Enter Name Here |
| **Organisation (if applicable, as you would like it to appear):** | Name of College or Organisation |
| **Position (if applicable, as you would like it to appear):** | Position/Title |
| **Email Address:** | Enter Email Address Here. |
| **Mobile Number:**  (please include country code): |  |
| **Biography** (maximum 100 words):  Enter Short Biography Here | |
| **Links to Previous Contributions** | |
| **If available, please include links to video/audio/slides of previous presentations you have delivered or other related work:**  Enter links to any previous presentations. | |
| **Dietary Requirements** | |
| **Please outline any dietary requirements you have here:**  Dietary Requirements | |
| **If selected, completed presentations or other relevant material must be submitted to** [christine.hynes@ahead.ie](mailto:christine.hynes@ahead.ie) **no later than 5pm on Friday Oct. 15th 2018** | |

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| Co-Contributor 1 Information | |
| **Name:**  (as you would like it to appear) | Enter Full Name Here. |
| **Organisation (if applicable, as you would like it to appear):** | Enter College or Organisation. |
| **Position (if applicable, as you would like it to appear)::** | Position/Title |
| **Email Address:** | Enter Email Address Here. |
| **Mobile Phone Number:**  (please include country code): | **00000000** |
| **Biography** (maximum 50 words):  Enter Short Biography Here. | |
| Dietary Requirements | |
| **Please outline any dietary requirements you have here:**  Enter any dietary requirements here | |

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| Co-Contributor 2 Information | |
| **Name:**  (as you would like it to appear) | Enter Full Name Here. |
| **Organisation (if applicable, as you would like it to appear):** | Enter College or Organisation Here. |
| **Position (if applicable, as you would like it to appear)::** | Enter Position or Title Here |
| **Email Address:** | Enter Email Address Here |
| **Mobile Phone Number:**  (please include country code): | **000000000000** |
| **Biography** (maximum 50 words):  Enter Short Biography Here | |
| Dietary Requirements | |
| **Please outline any dietary requirements you have here:**  Enter Dietary Requirements Here | |

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| Co-Contributor 3 Information | |
| **Name:**  (as you would like it to appear) | Enter Full Name Here. |
| **Organisation (if applicable, as you would like it to appear):** | Enter College or Organisation Here. |
| **Position (if applicable, as you would like it to appear)::** | Enter Position or Title Here |
| **Email Address:** | Enter Email Address Here |
| **Mobile Phone Number:**  (please include country code): | **00000000000** |
| **Biography** (maximum 50 words):  Enter Short Biography Here | |
| Dietary Requirements | |
| **Please outline any dietary requirements you have here:**  Enter Dietary Requirements Here | |

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| Declaration |
| **AHEAD are committed to providing content and events that are accessible to all participants as much as possible in line with UDL principles (**[**more information on UDL available by clicking here**](https://ahead.ie/udl)**).**  **Please confirm that you understand and will ensure that any content that you provide for our conference will strive to be presented in a simple and clear way for participants by the lead contributor typing their full name and date below;**  **Name: Enter Full Name of Lead Contributor Date:** Click here to enter a date.  **Any questions please feel free to contact out office on +3531 716 4397 or email Christine at** [**Christine.hynes@ahead.ie**](mailto:Christine.hynes@ahead.ie) |