	Staff Developme	ent Event Outline Form
Libraries NORTH		
Title of the Event		
Named Contact(s) for the Event	Name:	
	Tel.: Email:	
	Name:	
	Tel.:	
	Email:	
Other Partner(s) Involved		
eg other ALN members; external		
speakers; etc ALN can assist with a call for contributors		
should you need it		
Date, Time & Duration of the Event	Date: Duration:	
	Start Time:	
	End Time:	
Location of the event	Online (please state preferred platfo	orm):
* Please specify if you would prefer to use Teams via ALN or your own institutional	Teams – ALN*: Teams – institutional*:	
version	Zoom:	
	Other:	
	In-Person (please provide as much in	nformation as possible)
	Institution / Campus: Building:	
	Room:	
Number of participants in the event		
NB for online, please state preferred		
maximum; for in-person events, allow for		
room size and layout - cabaret style allows for group work, discussion etc		
Format of the Event	O Exchange of Experience	O Presentation
please tick/highlight all that apply	O Themed Discussion	O Debate
	O Workshop	O TeachMeet
	O Online Delivery	O Knowledge Café
		O Other:
Target Audience		
to give people an idea of whether they will get anything from it. It's fine to state		
'all library staff' or 'all research staff' etc		

Do you plan to record the event?	Yes: No: Maybe:	
Brief Programme for use in Publicity NB this can be amended / developed nearer the time		
Further comments, information or questions		

Please use the Event Planning Checklist to assist you when completing this form. Once done, please email it to the ALN Development Managers: academiclibrariesnorth@sconul.ac.uk