

WELL-BEING ACTIVITY PROPOSAL FORM

Note: Application must be approved by GME Department before holding event.

Contact person:	Title:		
•			
e e	Alternative phone:		Fax:
Email:			
LANNING			
Name of Well-Being event:			
Date:	Time:	Location:	
Cost of event:	What will you b	e included for the cost of	the event?
Reco and B R for Adapt A Wet Rehat	ENVIRONMENTAL lood health by occupying ant. stimulating environments that support well-being INTELLECTUAL gnizing creative abilities finding ways to expand mowledge and skills PHYSICAL ecognizing the need physical activity, diet, sleep and nutrition ed from Swarbrick, M. (2006). Iness Approach. Psychiatric illitation Journal, 29(4), 311–314. el What areas will be	WELL - BEING OCCUPATIONAL Personal satisfaction and enrichment derived from one's work oe covered during this ever	SOCIAL Developing a sense of connection, belonging, and a well-developed support system SPIRITUAL Expanding our sense of purpose and meaning in life
Facilitator Name:Organization Facilitator is			
Briefly describe 2 to 4 lear			

ADDITIONAL INFORMATION Audience: ____ Faculty ____Resident ____ Fellow ___ Medical Student ____ PA ___ Staff ____ Other Have you formed a committee to help organize this event? _____ Yes _____ No Has the event taken place before? ____ Yes ____ No If so, when and who did attend? Do you need assistance with your event from GME Department and, if so, what type of assistance do you need? Do you need a hospital representative at your event? ____ Yes ____ No Signature of Chair/Program Director: Date: _____ Account to be charged: **FOLLOW UP** How will you monitor Well-Being Outcomes for this event? * After each activity is complete each department is required to submit a summary of the Well-Being Activity (based on the participates evaluations) also attach copy of the participant attendance sheet from the event send both to the GME Office. This form, as well as the list of participants and Summary of the Well-Being Activity should be submitted to: Robbin Williams, C-TAGME, GME Lead Coordinator 960 East Third Street, Suite 104 Chattanooga, TN 37403 email: Robbin.Williams@erlanger.org (Phone: 423.778.3894. Fax: 423.778.3673)

For UTCOMC GME Office use only

Date: _____

Date Received:

Assistant Dean for Well-Being Approval:

Finance and Administration Approval:

GME Department Received WB Activity Summary _____Yes _____No