PAEDIATRIC ASSOCIATION OF TANZANIA

Official Representation Report Form

Complete after any congress, conference, workshop, stakeholder meeting or professional gathering where you represented PAT. Return it to the PAT Secretariat within five working days of the event's end. Tell the Secretariat straight away about anything urgent.

Section A. Event and representative details

1 Name of representative

2 Role at the event

☐ Official representative of PAT ☐ Presenter / invited speaker representing PAT ☐ Delegate / participant

☐ Technical committee / working group representative

3 Name of congress, meeting or event

4 Organizing institution(s)

5 Venue and country

6 Event start date

Event end date

7 Purpose of PAT participation

8 Source of funding

☐ PAT ☐ Employer / institution ☐ Conference organizer ☐ Development partner / donor ☐ Self-funded

☐ Other:

9 Name of funder (if applicable)

10 Relevant PAT strategic priority / pillar e.g. CPD, advocacy, partnership, mentorship, child health

Section B. Key proceedings and outcomes

11 Major scientific, technical or policy highlights

The most important presentations, evidence, challenges or developments relevant to PAT.

Highlight 1

Highlight 2

Highlight 3

12 Decisions, resolutions or official commitments

What was formally agreed, by whom, and with what implications for PAT.

13 Opportunities for PAT

Potential partnerships, funding, research, training, advocacy or network opportunities.

Section C. Recommendations and action plan

14 Recommendations to PAT

State what PAT should do, why it matters and the expected benefit.

Recommendation 1	Recommendation 2	Recommendation 3

15 Proposed follow-up actions

For each action: the action, the proposed responsible pillar or person, a suggested deadline and the expected outcome.

Action	Responsible pillar / person	Suggested deadline	Expected outcome

16 Supporting documents

Agenda, programme, resolutions, presentations, approved photographs, contact details and links. Attach them to your email.

Section D. Declaration and submission

I confirm that this report accurately reflects the information obtained and activities undertaken during the event, and that recommendations are identified as such rather than presented as official PAT decisions.

Name of representative	Date of report submission	Signature

FOR PAT OFFICE USE

Reviewed by	Date reviewed

Keep confidential information protected, and get permission before sharing restricted documents or photographs.