

# PHASA Healthcare Social Media Influencer Program 2018 - Application Form

Full Name

Title (Mrs, Mr, Dr, Ms)

Organisation (If any)

Current Role (e.g. Student, Patient, Doctor, Designer, IT Developer)

Twitter Handle (If any)

Facebook Username or Page (If any)

Linkedin Name or Page (If any)

Instagram Username (If any)

Website Address (If any)

Can you provide the address of any other Social Media channels you use?

In 150 words, or less, why would you like to join the #PHASA18 Healthcare Social Media Influencer Program?

What causes are you most passionate about for healthcare in South Africa? (More than one is acceptable)

Do you consent to being featured in any media or public relations for PHASA and #hcsmsa such as articles, films or photos?

Yes  No

Do you commit to travel and accommodation costs to attend the PHASA conference in Parys using your own funds?

Signed

Print name

Place

Date

Yes  No

I have read the disclaimer as well as terms and conditions and hereby consent to all of them