

**Palliative Care Research in Community Settings**

**Thursday 5th June 2025**

Dorothy House Hospice, Winsley, Bradford-on-Avon Wiltshire BA15 2LE

**Abstract Submission Form**

Please complete the following form to submit your abstract for inclusion in the Dorothy House conference as a poster presentation and consideration as an oral presentation.

It would be expected that if your abstract is accepted you would attend the conference in-person, registration information can be found here: [Palliative Care research in Residential and Community Settings Registration, Thursday 5th Jun 2025 at 09:30 | Eventbrite](https://www.eventbrite.co.uk/e/palliative-care-research-in-residential-and-community-settings-registration-901340773517?aff=oddtdtcreator)

Completed forms should be emailed to research@dorothyhouse-hospice.org.uk by **Friday February 28th 2025**. The contact details requested in this form will be used to process your submission, and will be deleted after the conference. Your abstract will be included in the e-conference brochure.

The authors of abstracts selected for inclusion will be notified by **April 4th 2025**

Abstract: Arial, 11 font size. No images, maximum of three references, word limit 300 words excluding references and title

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| Name of presenting author and affiliations:  Contact email address:  Presenting author profession and job title:    Abstract Title: Arial Bold, 14 font size   Authors and affiliations: Arial Bold, 12 font size    Your abstract should follow this template.  1. Background: Why you did or are doing the work and why is the topic of importance?

   1. Aim(s): What did the project aim to achieve/ what do you aim to achieve?

   1. Methods: What methods were used/will you use?

   1. Results: what are your findings or what do you hope to find out?

   1. Conclusions: What do the results mean? Do the results answer your initial questions? Are there recommendations for hospice and palliative care?

   1. References (If applicable, Max 5):

  Statement of ethical approval if required:   Funder: if appropriate.   |
|  I do not want my abstract to be considered for an oral presentation: ☐   |