International Congress 2027

Date: Monday 14 – Thursday 17 June 2027
Venue: Scottish Event Campus, Glasgow

Please read through our submission guidance before completing this form

Session organiser details

Title (Mr, Ms, Dr, Professor, etc)	
Full name	
Affiliation	
City	
Country	
Email address	

Demographic information

To enable the College to better understand and support the needs of those it works with, we are requesting that you complete the below set of questions on your demographic information. The information you provide will help us to better understand the breakdown and needs of those we work with and support, and help to identify areas of inequality and any appropriate actions to remedy these.

Your answers to these questions will have no bearing on the outcome of your proposal.

Completion of this section of the form is voluntary and all responses will be treated in line with our privacy policy.

Sex	Female Male Prefer to self-describe (please provide more information) Prefer not to say
Gender identity	Male Female Transgender male Transgender female Non-binary Prefer to self-describe Prefer not to say
Ethnic group	Asian or Asian British - Bangladeshi

	Asian or Asian British - Chinese Asian or Asian British - Indian Asian or Asian British - Pakistani Asian or Asian British - Any other Asian background Black or Black British - African Black or Black British - Caribbean Black or Black British - Any other Black background Mixed - White and Asian Mixed - White and Black African Mixed - White and Black Caribbean Mixed - any other Mixed/Multiple ethnic background Other - Arab Other - any other ethnic group White - English/Welsh/Scottish/Northern Irish/British White - Gypsy or Irish Traveller White - Irish White - Roma White - any other White background Prefer not to say
Disability	Autism Chest or breathing problems, asthma, bronchitis Depression, bad nerves, or anxiety Diabetes Difficulty in hearing Difficulty in seeing Epilepsy Heart, blood pressure or blood circulation problems Mental illness or other nervous disorders Problems or disabilities connected with arms and hands Problems or disabilities connected with back and neck Problems or disabilities connected with legs and feet Progressive illness Severe disfigurements, skin conditions, allergies Severe or specific learning difficulties Stomach, liver, kidney or digestion problems Other problems, disabilities Prefer not to say No disabilities
Sexual orientation	Bisexual Gay man

	Gay woman/Lesbian Heterosexual/Straight Other Prefer not to say

Proposal details

Have you presented a similar session at the RCPsych International Congress within the last three years?	**Yes or No** *If yes, please describe how the current session differs from previous submissions or presentations. Please highlight any new evidence, developments, outcomes, innovations, learning points, changes in practice, or updates in content that would justify its inclusion in the programme.*
Title of your submission (25 word limit)	
Brief summary of the session (300 words limit)	
Learning objectives (four objective limit)	
	Speaker and chair details
Chair name (including title)	
Chair affiliation	
Chair city	
Chair country	
Chair email	
Reason for suggesting Chair	
Chair conflict of interest	*Please disclose any actual, potential, or perceived conflicts of interest that may be relevant to this submission. This includes both commercial and non-commercial interests. Please read through our submission guidance for more information on what might be considered a conflict of interest* **Please provide details below**
	Speaker 1
Speaker name (including title)	
Speaker email	
Speaker affiliation	

Speaker city	
Speaker country	
Order speaker will be presenting in	
Presentation title	
Reasons for suggesting speaker	
Speaker conflict of interest	*Please disclose any actual, potential, or perceived conflicts of interest that may be relevant to this submission. This includes both commercial and non-commercial interests. Please read through our submission guidance for more information on what might be considered a conflict of interest* **Please provide details below**
Does this speaker require expenses?	**Yes or No**
This speaker has lived experience (is either a patient and/or carer)	**Yes or No**
	Speaker 2
Speaker name (including title)	
Speaker email	
Speaker affiliation	
Speaker city	
Speaker country	
Order speaker will be presenting in	
Presentation title	
Reasons for suggesting speaker	
Speaker conflict of interest	*Please disclose any actual, potential, or perceived conflicts of interest that may be relevant to this submission. This includes both commercial and non-commercial interests. Please read through our submission guidance for more information on what might be considered a conflict of interest* **Please provide details below**
Does this speaker require expenses?	**Yes or No**

This speaker has lived experience (is either a patient and/or carer)	**Yes or No**
	Speaker 3
Speaker name (including title)	
Speaker email	
Speaker affiliation	
Speaker city	
Speaker country	
Order speaker will be presenting in	
Presentation title	
Reasons for suggesting speaker	
Speaker conflict of interest	*Please disclose any actual, potential, or perceived conflicts of interest that may be relevant to this submission. This includes both commercial and non-commercial interests. Please read through our submission guidance for more information on what might be considered a conflict of interest* **Please provide details below**
Does this speaker require expenses?	**Yes or No**
This speaker has lived experience (is either a patient and/or carer)	**Yes or No**
Please state how your session covers equity, diversity and inclusion and varying perspectives	*Think about how you have taken into account the diversity of the workforce, differing career grades, international perspectives and experts by experience. Consider diversity in scientific topics, impact/understanding of health inequalities and address understudied factors*
Please select the programme stream that your submission belongs to	Clinical practice Developmental/life course Education and training Leadership and management New science Policy and media Psychopharmacology

	Quality improvement Career development Other (please specify)
Please select any relevant categories that apply to your submission	Includes international representation Includes individuals with lived experience (either a patient and/or carer) Includes resident doctors and new consultants Includes early career researchers Includes SAS psychiatrists Is being submitted on behalf of RCPsych Is being submitted on behalf of a RCPsych Faculty Is being submitted on behalf of a RCPsych SIG Covers academic psychiatry Covers child and adolescent psychiatry Covers forensic psychiatry Covers intellectual disability Covers medical psychotherapy Covers old age psychiatry Covers rehabilitation and social psychiatry Covers addictions psychiatry Covers eating disorders Covers general adult psychiatry Covers liaison psychiatry Covers neuropsychiatry Covers perinatal psychiatry
I confirm that I have obtained permission from all speakers and chairs before releasing this information	*Please ensure that all names, email addresses and affiliations are correct as these will be used to contact speakers and names and affiliations will appear on the final programme* **Yes or No**
I confirm, in line with good medical practice guidance on confidentiality, I will obtain consent for any patient information contained within the session*	**Yes or No**