

## WELL-BEING ACTIVITY PROPOSAL FORM

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

Contact person:	Title:					
Mailing address:						
Daytime phone:		Alternative phone:	Fax:			
Email:						
PLANNING						
Name of Well-Being eve	ent:					
Date:	Time:	Location:				
Cost of event:	The cost wi	ll include:				
	ENVIRONMENTAL Good health by occupying pleasant, stimulating environme that support well-being	ents	FINANCIAL Satisfaction with current and future financial situations			
Using the Well-Being V	INTELLECTUAL Recognizing creative abilities and finding ways to expand knowledge and skills  PHYSICAL Recognizing the need for physical activity, diet, sleep and nutrition  Adapted from Swarbrick, M. (2004 Adwellness Approach. Psychiatric Rehabilitation Journal, 29(4), 311-  Wheel what areas W	Personal satisfaction and enrichment derived from one's	Developing a sense of connection, belonging, and a well-developed support system  SPIRITUAL  Expanding our sense of purpose and meaning in life s work			
	Recognizing creative abilities and finding ways to expand knowledge and skills  PHYSICAL  Recognizing the need for physical activity, diet, sleep and nutrition  Adaysted from Swarbrick, M. (200: A Wellness Approach, Psychiatric Rehabilitation Journal, 29(4), 311-	6). OCCUPATIONAL Personal satisfaction and enrichment derived from one's	Developing a sense of connection, belonging, and a well-developed support system  SPIRITUAL  Expanding our sense of purpose and meaning in life  s work  EVENTY OF THE PROPERTY OF THE PROPERT			

DDITIONAL INFORMATIO	ON						
Audience: FacultyRe	sident	Fellow	Medical Stude	nt	_PA	Staff	Other
Have you formed a committee to	o help ore	anize this ev	vent? Yes	N	lo		
Has the event taken place before		•					
If so, when and who did attend?							
Do you need assistance with you need?	ır event fr	om GME D	epartment and, if				
Do you need a hospital represen	itative at y	our event? _	Yes No	)			
Signature of Chair/Program Dire	ector:						
Date:							
Account to be charged:							
FOLLOW UP							
How will you monitor Well-Beir	ng Outcon	nes for this e	event?				
After each activity is complete ctivity (based on the participation the event send both to the	ites evalu	ations) also					
FORM/WELL-BEING	GME Le 960 East Chattano Kimberly	ead Coordina Third Stree ooga, TN 37- y.judd@erlan	t Suite 100 403	73			
FORM/WELL-BEING ACTIVITY SUMMARY TO:	GME Le 960 East Chattano <u>Kimberly</u> Phone: 4	ead Coordina Third Stree ooga, TN 37- y.judd@erlan	t Suite 100 403 nger.org	73			
FORM/WELL-BEING ACTIVITY SUMMARY TO:  For UTCOMC GME Office use Assistant Dean for Well-Being A	GME Le 960 East Chattano Kimberly Phone: 4	ead Coordina Third Stree loga, TN 37- v.judd@erlan 23-778-3894	t Suite 100 403 nger.org 1 Fax: 423-778-36	73			
PLEASE RETURN FORM/WELL-BEING ACTIVITY SUMMARY TO:  For UTCOMC GME Office use Assistant Dean for Well-Being A Date:  Director of Finance and Admini Date:	GME Le 960 East Chattano Kimberly Phone: 4 e only Approval:	ead Coordina Third Stree ooga, TN 37- y.judd@erlan 23-778-3894	t Suite 100 403 nger.org 1 Fax: 423-778-36				