|  |  |  |
| --- | --- | --- |
|  | ***ENTER Conference 2023******in collaboration with Fakulteta za socialno delo Univerze v Ljubljani (Faculty of Social Work, University of Ljubljana), Inštitut RS za socialno varstvo (Social Protection Institute of the Republic of Slovenia), Dom na Krasu (Home in the Kras), Sonček – Zveza društev za cerebralno paralizo Slovenije (Sonček - the Cerebral Palsy Association of Slovenia) and Društvo SVIZCI - Uporabniško društvo za duševno zdravje (Association SVIZCI – User association for mental health)*** |  |
| **Date/datum:** 1st June 2023**Venue:** Congress Centre, Hotel Maestoso, Lipica, Karst Slovenia/**Kraj:** Kongresni Center, Hotel Maestoso, Lipica, Kras, Slovenija(Lipica 15c, 6210 Sežana) |
| **Conference Theme: “Deinstitutionalisation..., that word!”****Tema konference: »Dezinstitucionalizacija ..., ta beseda!«** |

|  |
| --- |
| **ABSTRACT SUBMISSION FORM****OBRAZEC ZA PRIJAVO POVZETKA** |
| **Abstract title****Naslov povzetka** |  |
| **Thematic** (Max 2):**Tema (označite največ 2):**  | From housing to full citizenshipOd stanovanja do polnopravnega državljanstva  |  |
| Challenges and contradictions of transitionIzzivi in protislovja prehoda  |  |
| Moving away from coercive interventionsOdmik od prisilnih intervencij |  |
| Being a neighbour and co-citizenBiti sosed\_a in sodržavljan\_ka |  |
| Peer supportVrstniška podpora |  |
| Complex, inclusive and integrated care: intersectional approach Kompleksna, vključujoča in integrirana oskrba: intersekcijski pristop |  |
| Training/education to support transition from institutional careUsposabljanja/izobraževanja za podporo prehodu od institucionalne v skupnostne oblike oskrbe |  |
| **Preferred presentation format****Zaželena oblika predstavitve** | Oral presentationUstna predstavitev |  |
| Workshop/SymposiumDelavnica/simpozij |  |
| PosterPlakat |  |
| Other (performance, round table, please state):Drugo (performans, okrogla miza, navedite): |
| **Name of presenting author(s)****Ime avtorja\_ice, ki bo predstavil\_a prispevek (ali avtorjev\_ic):** |  |
| **Author(s) name(s)****Ime avtorja\_ice (avtorjev\_ic):** |  |
| **Mailing address****Naslov** |  |
| **Telephone or Mobile****Stacionarni ali mobilni telefon:** |  |
| **Email:****E-mail:** |  |
| **Abstract** (max. 250 words)**Povzetek** (do 250 besed) |  |
| **References** (Max 3):**Reference** (do 3): |
|  |
| **Please state the paper’s contribution:** |
|  |
| **Presenter(s) Biography:****Biografija predstavljajočega avtorja\_ice (avtorjev\_ic):** |
|  |

**Please email this form as an attachment to:** **entermentalhealth@gmail.com**

**Closing Date: 15.03.2023**