**Continuing Professional Development Participatory Learning Hours: Accreditation Application for Short Courses/ Conferences**

Before completing this application, please refer to the Terms and Conditions for the accreditation of events and short courses available [**HERE**](https://www.baccn.org/static/uploads/resources/Final_CPD_Ts_and__Cs.pdf)

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| **Short course/ Conference Details** | Course/ conference title:  Dates of course/ conference:  Course/ conference venue: | | |
| **Organizer Details** | BACCN Regional Committee:  Contact Name:  Contact Email:  Contact Mobile Number: | | |
| *If not BACCN*  Name of Organization:  Description of Organization:  Contact Name:  Contact Email:  Contact Mobile:  *Please tick*  NHS🞎 Charity🞎 Commercial🞎 Other (please specify) 🞎 | | |
| **Proposed Attendees** | Intended audience *(tick all that apply)*  Regional 🞎  National 🞎  International 🞎  Registered nurses 🞎  Anticipated numbers of attendee’s: | Student nurses 🞎  Multi-disciplinary 🞎  BACCN members only 🞎  Non-BACCN members 🞎 |
| **Learning Outcomes** | Please state SMART learning outcomes for the proposed short course/ conference:  E.g. By the end of the event the learner will be able to: describe, discuss, list, demonstrate etc.  Please state course/ conference delivery methods:  E.g. Simulation, demonstration, lecture, workshop, discussion group, seminar, problem-based learning, poster, presentation etc.  Number of participative learning hours:  Welcomes, breaks, should not be included | | |
| **Student Assessment** | Does your course/ conference require the student/ delegate to complete an assessment?  If yes, provide a brief outline of the assessment strategy here:  Please attach full details of assessment strategy to the application  What is the estimated student workload required to complete the assessment including preparation and assessment time? | | |
| **Support Materials** | Provide up to 5 key references which support the content of your course:  Do you own copyright for the materials used in your course?  🞎 Yes  🞎 No  Please attach permission for use of any copyrighted materials to application | | |
| **Sponsorship** | Is event receiving any sponsorship?  If yes, state name of sponsor:  Is the sponsor delivering a promotional presentation at the event?  If yes, for how long? | | |
| **Accreditation by other professional organisations** | Has the event been accredited by any other professional organisation?  If yes, please name the organization: | | |
| **Application Checklist** | Completed Application Form 🞎  Copy of course timetable with precise timings and confirmed speakers 🞎  Copy of the course evaluation form 🞎  Brief CV of course lead/ organiser 🞎  Brief biography of course contributors 🞎  Copy of assessment strategy 🞎  Copy of copyright agreement 🞎  **Please email all of the required documents to** [**support@baccn.org**](mailto:support@baccn.org)  **Please allow six weeks before the scheduled event for processing** | | |