

Continuing Professional Development Participatory Learning Hours: Accreditation Application for Study Events/ Conference Days

Before completing this application, please refer to the Terms and Conditions for the accreditation of events and short courses available <u>HERE</u>

Event Details	Event Title:
	Date of Event:
	Event Venue:
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Organiser Details	BACCN Regional Committee:
Dettails	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	Intended audience (tick all that apply)
Attendees	
	Regional Student nurses National Multi-disciplinary
	International BACCN members only
	Registered nurses Non-BACCN members
	Anticipated numbers of attendes's
	Anticipated numbers of attendee's:



Learning Outcomes	Please state SMART learning outcomes for the proposed study event: E.g. By the end of the event the learner will be able to: describe, discuss, list, demonstrate
	Please state teaching methods: E.g. Simulation, demonstration, lecture, workshop, discussion group, seminar, problem-based learning etc.
	Number of participative learning hours: Welcomes, breaks, should not be included
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	Has the event been accredited by any other professional organisation?
by other professional organisations	If yes, please name the organization:
Application Checklist	Completed Application Form
CHECKIIST	Copy of Event Timetable with precise timings and confirmed speakers \Box
	Copy of the event evaluation form \Box
	Please email all of the required documents to support@baccn.org Please allow six weeks before the scheduled event for processing