**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 [**HERE**](https://www.baccn.org/static/uploads/resources/Final_CPD_Ts_and__Cs.pdf)

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| **Event Details** | Event Title:Date of Event:Event 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 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 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 Event Timetable with precise timings and confirmed speakers 🞎Copy of the event evaluation form 🞎**Please email all of the required documents to** **support@baccn.org****Please allow six weeks before the scheduled event for processing** |