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| **EVENT CODE NUMBER**  (Office Use only) |

**APPLICATION FOR FSEM UK CPD APPROVAL**

**Please refer to the guidelines when completing this application which can be found** [**here**](http://www.fsem.ac.uk/training-education/cpd.aspx)

**Please use block capitals:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EVENT TITLE |  | | | | |
| Start Date |  | Finish Date |  | Duration (days) |  |
| Venue Name: | Online Via TEAMS | | | | |
| Venue Locality: |  | | | | |
|  | If this event is repeated and has no change to the programme or to the speakers, please add additional dates and venues below | | | | |
|  | Fee(s) to be charged to delegates | | |  |  |
|  | Please detail the number of hours per day (excluding break times; 1 hour = 1 CPD point)\* | | | Day 1: \_\_\_ per day  Day 2: \_\_\_ per day | Maximum 8 hours (8 points) per day will be approved |
| Providing Organisation: |  | | Contact Name: |  | |
| Contact Email |  | | Contact Number: |  | |
| Address: |  | | | | |

Further notes (if applicable)

If this event is repeated and has no change to the programme or to the speakers, please add additional dates and venues below \* applicable and considered for applications within a calendar year from the 1st of January – 31st of December of the same year.

**About the course (tick all that apply)**

|  |  |  |
| --- | --- | --- |
| **Clinical domains** | Musculoskeletal Medicine |  |
| Exercise Medicine |  |
| Athlete / Team Care |  |
| Other Clinical Domain |  |
| **Non-Clinical Events** | Education, Research, Health & Safety Skills |  |
| Individual Skills |  |
| Management Skills |  |
| Other |  |

|  |  |  |
| --- | --- | --- |
| **Target Audience Professional Roles** | Consultants and Associate Specialists |  |
| General Practitioners / GP with Extended Roles |  |
| Training Grades |  |
| Other |  |
| ***Please note that events aimed primarily at training grade Physicians or non-medical Health Professionals do not qualify for External CPD approval*** | | |

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| **Geographical Area** | International |  |
| National |  |
| Regional (specify) |  |
| ***Please note that events confined to individuals from one hospital or trust does not qualify for External CPD approval*** | | |

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| --- | --- | --- |
| **Format** | Face to face |  |
| Online |  |
| Combination of face to face and online |  |
| Other format |  |

**Financial Declaration**

|  |  |  |
| --- | --- | --- |
| Is your organisation (*please tick*) | | |
| Commercial (for profit)? | Fee is charged at **£318.00** per day of an event \* |  |
| Non-Commercial/Charitable charging a fee to attendees? | Fee is charged at **£53.00** per day of an event |  |
| Non-Commercial/Charitable with an educational grant? | Fee is charged at **£53.00** per day of an event |  |
| Non-Commercial/Charitable with no educational grant and no fee to attendees? | **No Charge** |  |
| \*Name(s) of Sponsor(s) |  | |
|  | |
|  | |

\*\* Please note that a single fee is applicable if the same event is held again with the **same content** and **same speakers** in the **same year** (i.e. single 12-month period, starting from date of 1st course).

**Educational Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please list the Learning Objectives for the event below. The objectives should reflect measurable outcomes and use action verbs such as “evaluate”, “identify”, “review”, etc. *For example: “To evaluate current guidance regarding the application of modalities for treatment of tendinosis, in order to increase delegates’ awareness of this topic”.* | | | | |
| 1. |  | | | |
| 2. |  | | | |
| 3. |  | | | |
| 4. |  | | | |
|  | | | | |
| Which teaching methods will be used? *(Please tick as appropriate)* | | | | |
| Demonstrations | |  | Discussion Group |  |
| Individual Performance Review | |  | Lectures |  |
| MCQs | |  | Practical |  |
| Quizzes | |  | Tutorials |  |
| Workshops | |  | Other (*please specify)* |  |
|  | |  |  |  |
| How will the event be evaluated? | | | | |
|  | | | | |

**Conflict of Interest**

|  |  |
| --- | --- |
| Please provide details of any conflicts of interest below.  *A conflict of interest exists where an individual engaged in the provision of CPD has an interest in a commercial or other organisation which may compete with the individual’s duty to act independently in the interests of patients and the general public. Further details about what should be declared in this section can be found on page 11 of our CPD Approval Guidelines. Please continue on a separate sheet if necessary,* | |
|  | |
| **Declaration on Conflict of Interest** | |
| I/We have read and understood the Guidelines regarding conflict of interest.  I/We have declared and submitted all information about any conflict of interest, if applicable.  I/We agree that I/We have provided all of the requested information regarding the sponsorship of the applied for event(s) and have been accurate about the status of our organisation (not-for-profit / for-profit).  By completing this form, I/We consent to the display of data provided in the “Database Details” section of the application form on the “Approved Activities Databases”. This is an online database, accessible to the public through the Royal College of Physicians, London’s website. | |
| Signed: |  |
| Print Name: |  |
| Position: |  |

**Checklist(s)**

|  |  |  |
| --- | --- | --- |
| **Organisers of approved events are required to:** | | |
| ✓ | To keep a record of the names of the people who attended | |
| ✓ | To provide attendance certificates to participants | |
| ✓ | To provide evaluation forms to the delegates | |
| ✓ | To have read and signed the Declaration of Conflict of Interest | |
| ✓ | To have read the Limitation of Approval | |
| **Have you included in your application:** | | |
| 1. A full programme of the meeting, including an hourly breakdown and details of the sessions | |  |
| 1. A complete list of the speakers including information about what posts they hold, where they are based and what speaking experience they have, particularly in relation to the topic to be presented. This is especially important for non-clinical topics | |  |
| 1. All the sections in this Application Form have been completed | |  |
| 1. The fee, if applicable | |  |

**This section is for ‘Office Use’ only**

|  |  |
| --- | --- |
| This event is approved for External CPD credits on behalf of the Faculty of Sport and Exercise Medicine UK |  |
| CPD credits for full attendance: | Clinical: |
|  | Non-Clinical: |
| Additional comments: |  |
| Signed: |  |
| Dated: |  |

**Privacy policy**

**We will use your contact details for the purposes of corresponding with regards to CPD administration.**

**Completed application forms, programme and fee (i*f relevant*) should be sent by post or email to:** The Faculty of Sport and Exercise Medicine UK at the above address