# CPD Event / Training Approval Application Form

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| Please complete this form electronically using the ‘Tab’ key to move between fields.  **Please return your form to** [**training@rsb.org.uk**](mailto:training@rsb.org.uk)  Information about the benefits of CPD approval and training approval, assessment criteria and fees can be found in our **guidance document**.  **Applications for CPD event approval take 2 to 4 weeks to process, and training course approval may take up to 8 weeks.** Please consider these timelines when submitting your application form. We are unable to approve submissions retrospectively. | |
| 1. **Contact details** | |
| Contact name:     Click or tap here to enter text. | |
| Role in organisation:     Click or tap here to enter text. | |
| Telephone:   Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Providing organisation:     Click or tap here to enter text. | |
| Address:   Click or tap here to enter text. | |
| Please select an option from the drop down list: Choose an item. | |
| 1. **Type of approval sought** | |
| CPD Event Approval | Training Approval |
| Unique (single, one-off) event/training | Date of event: Click or tap here to enter text. |
| Repeated event/training, following same format | Please include a list of dates for event: Click or tap here to enter text. |
| 1. **Details** | |
| Title of event or course: Click or tap here to enter text. | |
| Type of event: Choose an item. If other: Click or tap here to enter text. | |
| Location of event/course: Click or tap here to enter text. | |
| General subject area: Click or tap here to enter text. | |
| Reasons for provision of this event: Click or tap here to enter text. | |
| Webpage for bookings **(essential if you would like advertising)**: Click or tap here to enter text. | |
| If the course results in a qualification, please give details: Click or tap here to enter text. | |
| If the event/course is accredited/approved by any other body, please give details: Click or tap here to enter text. | |
| Please name any event sponsors or partners: Click or tap here to enter text. | |
| Please enter a short description of the course/event (max 250 characters) **(essential if you would like advertising)**: Click or tap here to enter text. | |
| Please enter a full description of the course/event, including key event aims or learning outcomes (max 4000 characters). If applying for training approval please provide additional evidence of course content/module descriptions as separate documentation **(essential if you would like advertising)**: Click or tap here to enter text. | |
| Please enter any additional information here, e.g. is lunch or accommodation provided? Click or tap here to enter text. | |
| Please include any codes of practice, regulations, and evidence of health & safety regulations (may be separate documentation): Click or tap here to enter text. | |
| Please explain measures that have been taken to minimise the environmental impact of this event or course: Click or tap here to enter text. | |
| 1. **Participants** | |
| Please indicate if the event/course is aimed at a specific profession, or other group. Please give details if any pre-requisite requirements / knowledge or skills are required: Click or tap here to enter text. | |
| What career level is the event/course aimed at?  Early-career  Mid-career  Established career  Mixed | |
| Will the audience be:  Local  National   International  Internal delivery only | |
| Attendance fee(s) payable by participant: Click or tap here to enter text. | |
| Expected number of participants: Click or tap here to enter text. | |
| Maximum number of participants: Click or tap here to enter text. | |
| Number of contact hours with participants **(essential to calculate CPD points)**: Click or tap here to enter text. | |
| Do you perform a risk assessment? **(essential)**  Yes  No | |
| Has consideration been given to Equal Opportunity issues? **(essential)**  Yes  No  Please give details: Click or tap here to enter text. | |
| 1. **Event speakers/course leaders** | |
| Number of leaders/speakers: Click or tap here to enter text. | |

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| Please attach either a CV or paragraph outlining credentials of speakers or leaders. If not all speakers/leaders are not known at time of application, or if CVs cannot be provided, please provide information on the selection criteria to be used. For CPD event approval, only one speaker/ leader CV is required. **(essential)** | | |
| 1. **Delivery methods** | | |
| What teaching/communication/presentation method(s) will be used? | | |
| Lecture(s)  Role-play  Demonstration  Completion exercise | Discussion groups  Workshop  Tutorial  Practical | Case studies  Individual performance review  Debate |
| Other: Click or tap here to enter text. | | |
| Ratio of trainers/speakers to attendees: Click or tap here to enter text.  (Enter ‘not applicable’ if training is not provided) | | |
| Please tick if any of the following visual aids will be used: | | |
| Video | Slides | Models |
| PowerPoint | None | Other: Click or tap here to enter text. |
| Is audience participation:  Optional  Expected  Obligatory | | |
| What is the nature of audience participation:  Discussion with each other  Discussion with/asking questions of trainer/presenter  Other: Click or tap here to enter text.  Not applicable | | |
| Please tick if any of the following pre-event preparation is required by attendees:  Reading  CV Production  Presentation  Form completion  None  Other: Click or tap here to enter text. | | |
| If testing of attendees’ learning takes place, please tick any methods used:  Practical test  Written test 1 to 1 questioning  Presentation by attendee  None  Other: Click or tap here to enter text. | | |
| Please tick any of the following materials that are provided:  Handout  Presentation print-out  Text book  CV  Course material  Practical kits  None  Other: Click or tap here to enter text. | | |

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| Which of the following learning outcomes does your event/course support?  Application of Knowledge and Understanding  Personal Responsibility  Interpersonal Skills  Professional Practice  Professional Standards  Not Applicable  These learning outcomes are based on our professional registers’ competency framework and are promoted by the RSB. | |
| 1. **Evaluation** | |
| Do you distribute and collect feedback forms? **(essential, please attach example)**  Yes  No | |
| Do you change your events as a result of feedback?  Yes  No | |
| If ‘Yes’ please attach an example, if ‘No’ please give reasons: Click or tap here to enter text. | |
| 1. **Evidence checklist** | |
| Please use this section to check you have prepared the required evidence for your application. Please submit this evidence to the Royal Society of Biology alongside your application form.  **For all applications:**  Event speaker/ leader CV(s), qualification certificates or summary of credentials  Example feedback form  **For training approval only, provide documentary evidence:**  Of the target audience, aims of the course and benefits to participants  That the course clearly addresses a professional or vocational need  That teaching and learning methods are appropriate and meet the needs of the target  audience  That course content is of a breadth and depth appropriate to the intended learning outcomes  That intended learning outcomes are appropriate and are met on completion of the course  That relevant codes of practice, standards and/or regulations are adhered to and participants made aware of these  That feedback is requested from participants, analysed and acted upon by the training provider  That course tutors have qualifications and/or experience appropriate to their role and degree of involvement in the course  Of course providers’ commitment to supporting the biological science community  Of measures taken to ensure participant health and safety, and steps taken to minimise environmental impact where relevant  Of measures taken to ensure that there is equal access to the training, regardless of the protected characteristics, as defined in the Equality Act 2010 | |
| Further details and examples of suitable evidence are given in the guidance document. | |
| 1. **Declaration** | |
| I confirm the details in this application are true and accurate to the best of my knowledge, and I will comply with the requirements of the Royal Society of Biology Approval Scheme. | |
| Signed: Click or tap here to enter text. | Date: Click or tap here to enter text. |
| 1. **Payment** | |
| **If payment is required, please include a contact name and address to include on an invoice. We will issue you with an invoice once we have received all required documentation and established that your event is suitable for approval.**  Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  Post Code: Click or tap here to enter text.  Purchase Order Number (if applicable): Click or tap here to enter text. | |