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| RSB_pos logo**CPD Event Approval Form** | | | |
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| Please complete this form electronically using the ‘Tab’ key to move between fields. You must complete the fields marked as **essential**.   * Member organisations: please return your form to [christopher.longmore@rsb.org.uk](mailto:christopher.longmore@rsb.org.uk) * Branch events: please return your form to [regions@rsb.org.uk](mailto:regions@rsb.org.uk) * External training events, or individual member events: please return your form to [training@rsb.org.uk](mailto:training@rsb.org.uk)   Information about the benefits of event CPD approval, assessment criteria and fees can be found in our [**Event CPD Approval Guidance Document**](https://www.rsb.org.uk/images/CPD_Event_Approval_Guide.pdf) on the RSB website.  **We recommend that this form is submitted no less than 3 months prior to the event** and we are unable to approve events retrospectively.  If you are applying for approval of a **RSB branch event** you only need to complete **sections 4-8.** Please ensure you attach your [**Branch Event Form**](https://www.rsb.org.uk/images/branch/Branch_Event_template.docx) | | | |
| 1. **Contact details** | | | |
| Contact name:     Click or tap here to enter text. | | | |
| Role in organisation:     Click or tap here to enter text. | | | |
| Work Telephone:      Click or tap here to enter text. | | Work Email: Click or tap here to enter text. | |
| Providing organisation:     Click or tap here to enter text. | | | |
| Contact Address:   Click or tap here to enter text. | | | |
| Please select an option from the drop down list: | | | |
| 1. **Type of approval sought** | | | |
| Unique (single, one-off) event | | Date of event **(essential)**: | |
| Repeated event, following same format | | Please include a list of dates for event Click or tap here to enter text. | |
| 1. **Event details** | | | |
| Title of event: | | | |
| Type of event: Event Type Other: | | | |
| What does the event cover? (overall goals): | | | |
| Reasons for provision of this event:   Click or tap here to enter text. | | | |
| Venue address **(essential)**:   Click or tap here to enter text. | | | |
| Event webpage **(essential if you would like advertising)**:      Click or tap here to enter text. | | | |
| If the event results in a qualification, please give details: Click or tap here to enter text. | | | |
| If the event 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. | | | |
| 1. **Participants** | | | |
| Please indicate if the event is aimed at a specific profession or other group. Please give details if any entry requirements / knowledge or skills are required: | | | |
| What level is the course aimed at? **(essential)**  Beginner Intermediate Advanced  Mixed | | | |
| Will the audience be **(essential)**:  Local National  International | | | |
| Event 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)**: Click or tap here to enter text. | | | |
| Do you perform a risk assessment? **(essential)**       Yes  No | | | |
| Has consideration been given to Equal Opportunity issues: Yes No Please give details: Click or tap here to enter text. | | | |
| 1. **Course leaders** | | | |
| Number of course leaders:  Click or tap here to enter text. | | | |
| Please attach either a CV or paragraph outlining credentials of course leaders. If course leaders are not known at time of application, please attach information on the selection criteria to be used, or if information is pending please forward as soon as possible. **(essential)** | | | |
| 1. **Teaching 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 to attendees:   Click or tap here to enter text.  (Enter ‘not applicable’ if training is not provided) | | | |
| Learning outcomes of the event **(essential)**:   Click or tap here to enter text. | | | |
| Please tick if any of the following visual aids will be used: | | | |
| Video | Slides | | Models |
| PowerPoint | None | | Other: |
| 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 (please specify)  Not applicable | | | |
| Please tick if any of the following pre-event preparation is required by attendees:  Reading  CV Production  Presentation  Form completion None Other: | | | |

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| 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 (please specify): | |
| Please tick any of the following materials that are provided:  Handout  Presentation print-out Text book CV Course material  Practical kits  None Other (please specify): | |
| Which of the following learning outcomes does your event support? **(It must support at least one of these)**  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: | |
| 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. **(essential)** | |
| 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.**

Click or tap here to enter text.

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