

## THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS

38/43 Lincoln's Inn Fields London WC2A 3PE Email: admin@baus.org.uk

# CPD Credit Application Form - **Download form before completing**

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Form A
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All questions must be completed. Append to the Form a copy of the full event programme and participant evaluation materials. Forms should be returned to the BAUS Office at least 3 months before the event.

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Event Title				
Location / Venue				
Date(s)				
Event Organiser	Name			
	• Job Title			
	Address			
	Telephone			
	• Email			
	• Website			
Delegate fee charged?			No	Yes – please give fee
Has the event previously been given CPD Approval by BAUS?			() No	Yes – please give details in the b

### **Event details**

Names and place of work (eg name of hospital) of all speakers

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Intended participants	Consultants	Training Grades
	Specialty Doctors	Other - please specify
Discipline of intended participants	Urology	Radiology
	Urogynaecology	Surgery
	General Practice	Paediatrics
	Other – please specify	

Urology sub-specialty	Andrology	Reconstructive urology	
	FNUU	Endourology	
	Oncology	Paediatric urology	
	Transplantation		
Event objectives	Theoretical knowledge		
	Practical Skills		
	Other – please specify		
Stated learning objectives of the event			
Specific skills / knowledge participants	s will gain from the event		
Teaching methods (tick as appropriate)	: Lectures / talks		
	Tutorials		
	Demonstrations		
	Practicals		
	Workshops		
	Discussion groups		
	MCQ		
	Other - please specify		

How will the educational methods used achieve the stated learning objectives?

What supporting materials are available to aid learning?

How does the event encourage participants 'reflective learning'?

#### **Delegate Feedback**

What feedback processes will be used?

#### Stakeholder involvement

List the names and bodies represented and their role in planning / developing the event / educational material.

#### **Development**

Describe how the educational content is based on current published evidence and free from unjustifiable claims or bias.

#### **Sponsorship**

Have you received any sponsorship for the event? If yes – please state sponsoring body in the box below.

No	Ye

#### **Conflicts of Interest**

Please declare any potential conflicts of interest of individuals involved in developing and / or presenting / delivering the event.

Please complete the form and return to admin@baus.org.uk

Please also attach a copy of the full event programme and course evaluation materials and then send the email.