



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

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.

General

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 box

Event details

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

Intended participants

| | |
|--|---|
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Training Grades |
| <input type="checkbox"/> Specialty Doctors | <input type="checkbox"/> Other - please specify |

Discipline of intended participants

| | |
|---|--------------------------------------|
| <input type="checkbox"/> Urology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Urogynaecology | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Paediatrics |
| <input type="checkbox"/> Other – please specify | |

Urology sub-specialty

- Andrology
- FNUU
- Oncology
- Transplantation

- Reconstructive urology
- Endourology
- Paediatric urology

Event objectives

- Theoretical knowledge
- Practical Skills
- Other – please specify

Stated learning objectives of the event

Specific skills / knowledge participants 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

Yes

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 the address below.

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

Beverly Tomkins
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