

# Application form for RCOphth Course Accreditation - Face to Face

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| **ORGANISER** |
| Name of your organisation |  |
| Organisation type |  |
| Co-ordinator Name |  |
| Email |  |
| Telephone |  |
| Address |  |

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| **COURSE DETAILS** |
| Course Title |  |
| Course Type (e.g. conference, symposium, practical skills course) |  |
| Audience (international, national/regional, local) |  |
| Venue |  |
| Duration(days) |  |
| Times previously run |  |
| Frequency |  |
| Course rationale |  |
| Target Audience |  |
| Entry requirements |  |
| No. of participants |  |
| Participants fee |  |
| Fee extra info |  |

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| **AIMS AND OBJECTIVES** |
| Learning aims |  |
| Learning outcomes |  |

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| **TIMETABLE** |

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| Day | Start Time | End Time | Subject | Delivery Method | staff | Event Information |
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| **LEARNING METHODS** |
| Teaching methods |  |
| Assessment methods |  |
| Learning support |  |
| Evaluating methods |  |

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| **FACULTY** |

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| **Name** | **Qualifications** | **Topics specialised**  | **Place of work** |
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| **INVOICING/FINANCE DETAILS** |
| Purchase order number *(please check if your organisation requires a PO number)* |  |
| Email |  |
| Address |  |

 You can find details of our fees online

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| **EVALUATION DESCRIPTION** |

 *Please describe how you will obtain feedback from this event:*

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| **COMPLETE** |
| Commercial sponsorship details |  |

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| **REQUIREMENTS** |

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| **Sufficient funds**I confirm that sufficient funds are available for the duration of the course. | [ ]  |
| **Business plan**I confirm that the appropriate business plan has been developed including market research and financial viability. | [ ]  |
| **Attendance Register**I confirm that I will keep an attendance register and retain a list of participants for a period of 24 months and provide this information upon RCOphth request. | [ ]  |
| **Report Changes**I confirm that I will report any planned changes to the course to the college. |[ ]
| **Commercial Sponsorship**I confirm that the educational programme of the activity is not inappropriately influenced or biased by commercial organisations. | [ ]  |
| **Faculty Declaration of Interest**I confirm that I will ask the event’s faculty to provide a declaration regarding any interest they may have relating to the event, and make each faculty’s declaration available at the event. | [ ]  |
| **Evaluation Signed**I confirm that the evaluation of the activity will be conducted and the results will be provided to the RCOphth. | [ ]  |

Please send to: Education, Training and Events Department, The Royal College of Ophthalmologists, 18 Stephenson Way, London, NW1 2HD

accreditation@rcophth.ac.uk

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