Application for Course Badging

Introduction

BSSH is keen to work with course organisers and continue to support and ‘badge’ high quality educational events.

The advantages to course convenors are:

* Use of the ‘badged by BSSH’ logo in course literature
* BSSH will publicise the event on its website and include in its e-bulletin
* Upon request, BSSH will consider emailing the course as a separate item to the membership
* Peer review from a panel of leading surgeons

Who Can Apply?

Badging by BSSH is only available to course convenors who are members of BSSH.

Badging Criteria

* The course must be consistent with the objectives and overall strategic direction of BSSH
* The course must be of interest to and benefit members of BSSH
* The course should fit in terms of content and timing with the existing BSSH educational programme
* The course must be for no longer than five days
* The course should demonstrate scientific and educational purpose in hand surgery
* There must be an appropriate ratio of faculty to participants
* A consultant surgeon who is a member of BSSH must be included on the course faculty

Course Structure and Content

There must be a detailed programme outlining the content, structure and timetabling of the course. Each individual session should be recorded separately with a brief outline of what will take place during that session.

Feedback

The provider must collect delegate feedback on the course and explain how this will be collected in the initial application. If this is not a new course, please also provide feedback from the previous one. Please attach a copy of the proposed delegate feedback form.

What We Need From You

If your course is approved we will provide the agreed level of support. In return you must:

* Ensure that the good name of BSSH is protected
* Comply with BSSH guidelines for use of our logo(s)
* Notify BSSH of any material changes to the course after approval
* Conduct delegate feedback and make copies available to BSSH
* Provide an evaluation report to BSSH within two months of the course being conducted
* Not transfer badging to another course or use it again for the same course without specific approval

EVENT BADGING APPLICATION DETAILS

Application

Please complete the application form and provide the following:

* Draft programme (see ‘course content and structure’ information above)
* If course has been run previously, attach a copy of the last course evaluation
* If this is a new course, attach a blank copy of your proposed evaluation form.

The more detail that you can give the more likely that approval for badging will be given. If you have run the course before you may send us details of a previous similar course. Applications are only accepted electronically. Please feel free to speak to us informally if you need help with an application.

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| --- | --- | --- | --- | --- | --- |
| General Information | | | | | |
|  | | | | | |
| Your Name |  | | | | |
|  | | | | | |
| Hospital Name |  | | | | |
|  | | | | | |
| Telephone number |  | | | | |
|  | | | | | |
| E-mail address |  | | | | |
|  |  | | | | |
| Membership category |  | | | | |
|  |  | | | | |
| How Long Have You Been a BSSH Member? |  | | | | |
|  |  | | | | |
| How many BSSH scientific meetings have you attended in the last 3 years? |  | | | | |
|  |  | | | | |
| Course Details | | | | | |
|  |  | | | | |
| Course or event title |  | | | | |
|  | | | | | |
| Location and venue |  | | | | |
|  | | | | | |
| Date(s) | From: | | | To: | |
|  | | | | | |
| Event description |  | | | | |
|  | | | | | |
| Target audience |  | | | | |
|  | | | | | |
| Anticipated Number of faculty | |  | Anticipated Number of delegates | |  |
|  | |  |  | |  |
| Learning Outcomes |  | | | | |
|  |  | | | | |
| Will delegates receive an award or qualification for attending? If yes, please detail |  | | | | |
|  | | | | | |
| Further information | *eg a contact email or website for the event* | | | | |
|  | | | | | |
| **Course Finances** | | | | | |
| What is the cost to each Participant? |  | | | | |
|  |  | | | | |
| Is course expected to make a profit? | Y / N | | | | |
|  |  | | | | |
| If yes, what will be done with profits? |  | | | | |

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| --- | --- | --- |
| Details of Support Required | | |
|  | | |
| Please check the box to indicate whether support is required: | | |
|  | | |
| Inclusion in BSSH membership bulletin prior to event | | ☐ |
|  | | |
| Inclusion on the course listings page of the BSSH website | | ☐ |
|  | | |
| Use of BSSH logo in course materials / publicity | | ☐ |
|  | | |
| Please indicate if this is being used jointly with another body |  | |
|  | | |
| Other support (Please state) | | |
|  | | |
| Additional Information | | |
|  | | |
| Please use the below box to provide additional information which you feel will be beneficial when deciding on badging your event. | | |
|  | | |

Please email this form along with your draft programme and evaluation information to: [secretariat@bssh.ac.uk](mailto:secretariat@bssh.ac.uk).

We will aim to give you a response no later than 28 days after receipt unless we require further information. It may assist if you have informal discussions with BSSH before making your application.