

**The Faculty of Pre-Hospital Care
The Royal College of Surgeons of Edinburgh**

E1.0 Course Endorsement Application Form

Only the details of one course should be on this form

(The form must be submitted electronically to fphc-endorsement@rcsed.ac.uk)

Please refer to the Course Proposer Guidelines (E2.0)

Applications for endorsement of courses are approved at the discretion of the Faculty of Pre-Hospital Care

Proposer/Convener details			
Name of proposer			
Proposer address		Tel no.	
		Email	
Proposer Organisation		Job title	
Name of convener			
N.B. courses must have a DIMC Diplomat as convener.			
Other RCSEd endorsed courses run by the proposer			

Course focus and rationale			
Course title			
Course need			
Course aim/s			
Learning outcomes			
Target audience:			
Minimum Qualifications required:			
Max. participants		Faculty/participants ratio. 1:6	
Participants qualifications checked		Proposed venue facilities: Access, parking, catering & accommodation	
Course Risk Assessment		Required Health Standards checked	
Course educational strategy			
Course content: (Provide programme and Mapping to Faculty Curriculum document			
Details of Educational methodology & materials:			
Candidates Pre Course Preparation: (Manual/CD/online access to materials) and programme available at least 4 weeks prior to course			

<p>Details of A/V resources, teaching and assessment equipment</p>	
<p>Faculty/instructors details of adult learning qualification and involvement in educational governance:</p>	
<p>Please attach faculty CVs trainer profile form (sample template)</p>	
<p>Please attach a copy of the course programme</p>	
<p>Please attach copies of course slides</p>	
<p>Please attach copies of skill/scenario skill station information</p>	
<p>Please attach copy of assessment procedure including marking matrix. Details of the assessment rationale and processes and pass mark.</p>	
<p>Please provide details of consequences of poor performance and appeals/resit procedure</p>	
<p>Course preparation</p>	
<p>Course venue and location.</p> <p>Including details of access/parking/teaching space/catering and accommodation (if applicable)</p>	
<p>Legal considerations.</p> <p>Copyright issues, patient permission for any photographs and patient stories</p>	
<p>Sponsors</p>	

Course outcome	
<p>Please attach copies of all assessment forms</p> <p>Please attach copies of the participant evaluation sheets and/or evaluation plan</p>	
<p>Proposed how changes to be implemented following evaluation:</p>	
<p>Summation of evaluation to be sent to FPHC mentor:</p>	
<p>Details of Steering Group Process:</p>	

I have verified the facts on this form and can confirm they are correct. I will pay the invoice for £500.00 to the Faculty to be received before the application can become considered.

Signed.....

Date.....