

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/FIMC holder; in exceptional circumstances, an equivalent qualification/experience may be presented to the FPHC for consideration.			
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	
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 Competency Framework)			
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			

Details of A/V resources, teaching and assessment equipment	
Faculty/instructors' details of teaching and/or educational qualification and involvement in educational governance:	
Please attach CVs of faculty/trainers (electronic copies)	
Please attach a copy of the course programme	
Please attach copies of course slides/presentations	
Please attach copies of skill/scenario skill station information	
Please attach copy of assessment procedure including marking matrix. Details of the assessment rationale and processes and pass mark.	
Please provide details of consequences of poor performance and appeals/resit procedure	
Course Governance	
Evidence of how the course is managing legal considerations such as copyright issues, GDPR policy, liability insurance, patient permission for any photographs and patient stories	
Sponsorship or potential conflict of interest policies	

Course outcome
Please attach copies of all assessment forms

Please attach copies of the participant evaluation sheets and/or evaluation plan	
Details of how changes are implemented following candidate/instructor feedback	
Details of Steering Group Process	

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

Signed.....

Date.....