

**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*

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| **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** |  |

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| **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** |   |

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| **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……………………………………………………..