



# **BRITISH AND IRISH ORTHOPTIC SOCIETY**

## **APPLICATION FOR LEARNING ACTIVITY ACCREDITATION**

Please complete this form and send it together with the requested information to [a.stanley@blueyonder.co.uk](mailto:a.stanley@blueyonder.co.uk)

**PLEASE NOTE BIOS REQUIRES 8 WEEKS NOTICE BEFORE THE MEETING IS TO TAKE PLACE FOR ACCREDITATION**

EVENT TITLE:

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Start Date:	End Date:	Providing Organisation:
Venue:	Nominated contact/Meeting organiser:	
No of hours: (excluding breaks etc)	Address for correspondence:	
	Tel:	
	Fax:	
	Email:	
	Website:	

**Sponsors** :

Please state who will be the **intended participants/target audience** of the event. (Use additional space if necessary)

Please state **the aims and objectives** the event. (Use additional space if necessary)

**What will be the format of the meeting? (Tick all appropriate boxes)**

- |                                   |  |  |   |                                  |
|-----------------------------------|--|--|---|----------------------------------|
| <input type="checkbox"/> lectures | <input type="checkbox"/> tutorials                     | <input type="checkbox"/> demonstrations    | <input type="checkbox"/> practicals             |                                  |
|                                   | <input type="checkbox"/> workshops                     | <input type="checkbox"/> discussion groups | <input type="checkbox"/> MCQs                   | <input type="checkbox"/> quizzes |
|                                   | <input type="checkbox"/> individual performance review |  | <input type="checkbox"/> other (please specify) |                                  |

**Please provide a list of invited speakers, details of the posts they hold, experience in relation to the topics they are involved with during the event. Please include abstracts. (Use additional space if necessary)**

**Any support, sponsorship or funding by commercial company healthcare organisations has not influenced the structure or content of the educational programme).**

**What specific skills/knowledge will participants acquire during the event? (Use additional space if necessary)**

**How will the event be evaluated?**

**Organisers of accredited meetings are required:**

- a) To keep a record of the names of the people who attended. This record should be kept for a minimum of 5 years.
- b) To provide attendance certificates to participants who require them.

**Feedback**

**BIOS requires that accredited meetings should be evaluated by participants. Feedback forms should be retained by the organisation and a summary sent to BIOS.**

**It is important that feedback assesses the educational content of the meeting/course and whether the meeting has met the CPD aims and objectives.**

**BIOS offers two levels of accreditation:**

**Level I**      A learning activity that would be expected to contribute to the continued professional development of an Orthoptist.

**Level II**      A learning activity which can be shown by its objectives, content, delivery and assessment to meet BIOS standards<sup>i,ii</sup> for competent practice.

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<sup>i</sup> BIOS Competency Standards and Professional Practice Guidelines

<sup>ii</sup> BIOS Competency Standards and Professional Practice Guidelines for the Extended Role of the Orthoptist