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| Application form for workshop endorsement | | |
| Background SWEP has a responsibility to ensure that continuing professional development (CPD) activities endorsed by them are of a high quality and meet the expected requirements for prescribers at different levels.  Providers of workshops who would like to apply for endorsement through SWEP, are expected to meet all requirements set out in this workshop application form. A CPD point value will be placed on the workshop at the time of endorsement by SWEP, with SWEP endorsed workshops offering participants maximum CPD point value for time spent.  Workshop endorsement operates over a 3-year renewal cycle. Once a workshop has been endorsed by SWEP, it is valid for 3 years from the date of issue, regardless of how many times the content has been presented. Additional presenters can be added to an existing workshop endorsement, by submitting to SWEP, information regarding items 16-18 for assessment and amendment of the initial application. | | |
| Application  * + Please complete this application form if you wish to apply for SWEP endorsement of a workshop   + Please complete the application checklist below and ensure all documentation is provided   + There is no fee for endorsement of your workshop with SWEP   + Further information on endorsement is available from the SWEP Chief Allied Health Officer   + Please note: your application will not be processed unless all fields are completed | | |
| Application Checklist: All sections / fields of the application form have been completed  Copy of the workshop advertisement has been attached  Learning objectives and content address the SWEP learning expectations (Table 1, The Framework) and have been provided  Participant Assessment tools are attached  Workshop Evaluation Tools are attached  Advertising approval has been provided (if desired) | | |
| Workshop and contact details | | |
| 1. **Name of organisation delivering workshop** | Click or tap here to enter text. | |
| 1. **Workshop title** | Click or tap here to enter text. | |
| 1. **Workshop duration**    * hours per day (excluding breaks)    * days of attendance | Click or tap here to enter text. | |
| 1. **What are the environment requirements to meet the needs of the workshop?**   E.g. ramps, steps, bathroom, bed | Click or tap here to enter text. | |
| 1. **What relevant assistive technology will be available for use on the day?**   Please list requirements | Click or tap here to enter text. | |
| 1. **Participant/facilitator ratio and expected/ maximum number of participants**   SWEP recommends a ratio no smaller than 15:1 for theory based sessions and 10:1 for practically based sessions that include an assessment component | Click or tap here to enter text. | |
| 1. **Target audience and participant prerequisites**    * Target prescriber level    * Prerequisite qualifications, level of knowledge, skills and experience | Click or tap here to enter text. | |
| 1. **Cost to participants**   (GST inclusive) | Click or tap here to enter text. | |
| 1. **Copy of advertisement**   Attach literature to be sent to prospective participants | Please attach this to this completed document | |
| 1. **Written learning objectives/ expected outcomes of the workshop.**   These objectives must align with the expected performance level for the prescriber level of the participant group in the use of clinical reasoning and decision making skills to select and justify AT equipment prescription.   * Please ensure you demonstrate how your workshop objectives meets the expected learning objectives / performance criteria of a SWEP prescriber ( Table 1, The Framework)   <https://swep.bhs.org.au/files/290/SWEP_The_Framework.pdf> | Click or tap here to enter text. | |
| 1. **Written outline of the workshop content including;**  * specify which AT category is the focus, time spent on theory/ practical * key topics elements arranged in a logical sequence * teaching strategies/ learning activities planned and description of resources to be used, linked to key topics/ elements * all workshops must have a research component within the structure e.g. appropriate list of references, information on how to keep up to date with new research * Please ensure you demonstrate how your workshop content meets the expected learning objectives / performance criteria of a SWEP prescriber ( Table 1, The Framework)   <https://swep.bhs.org.au/files/290/SWEP_The_Framework.pdf> | Click or tap here to enter text. | |
| 1. **Describe the assessment methods used and attach any assessment tools.**   **Assessment**   * as a minimum assessment tasks must link to the stated learning objectives/ outcomes and can be measured in some way * as a minimum for practical sessions, they must include demonstrated application to case based scenarios. Sessions involving direct client application with appropriate oversite will be highly valued * written assignments/projects or questioning should be used to assess knowledge.   **Assessors** must have   * tacit knowledge of assessment area * recent and broad experience in the area being assessed * a working knowledge of the learning objectives, assessment plan, tool(s) and processes * working knowledge of the responsibilities as an assessor * deemed competent themselves in the parameters of the assessment area by virtue of a qualification, training or experience. | Click or tap here to enter text. | |
| 1. **Presenter(s) name(s)** | Click or tap here to enter text. | |
| 1. **Presenter(s) basic credentials**  * SWEP prescriber level and number * AHPRA registration number (if applicable) * Proof of qualifications for all non-AHPRA registered presenters * Proof of additional relevant qualifications | Click or tap here to enter text. | |
| 1. **Presenter(s) relevant experience including training and assessment and/or health education experience** | Click or tap here to enter text. | |
| 1. **Describe the method of workshop evaluation and attach any evaluation tools.** | Click or tap here to enter text. | |
| 1. **Organiser** | Click or tap here to enter text. | |
| 1. **Contact name** | Click or tap here to enter text. | |
| 1. **Contact address** | Click or tap here to enter text. | |
| 1. **Contact phone** | Click or tap here to enter text. | |
| 1. **Contact email** | Click or tap here to enter text. | |
| 1. **Contact website (if applicable)** | Click or tap here to enter text. | |
| Attendance certification requirements | | |
| 1. **A certificate of attendance must be issued to all prescribers who attend workshops approved by SWEP**   **(NB: SWEP has a certificate template which can be used)**  The certificate MUST state the following:   * Name of organisation * Name of participant * Workshop title (as it appears here) * Date(s) the workshop was conducted * Workshop duration * Workshop objectives * Brief description of the workshop content and learning outcomes achieved * Names of facilitators and professional title * Signature of organiser or representative * Number of points the prescriber is eligible to claim for attendance as detailed in the SWEP approval letter | | |
| **Signature of organiser:** in completing and signing this form I declare and agree that the workshop will be delivered as described in this application, and that any significant variation or changes to facilitators will be communicated to SWEP prior to delivery | Click or tap here to enter text. | |
| **Date** | Click or tap to enter a date. | |
| **Please return this completed application form with required documentation as early as possible to the SWEP Chief Allied Health Officer:** [**swepcaho@bhs.org.au**](mailto:swepcaho@bhs.org.au) | | |
| **If you require assistance or further information regarding the meeting endorsement process, please contact the SWEP Chief Allied Health Officer:** [**swepcaho@bhs.org.au**](mailto:swepcaho@bhs.org.au) | | |
| **Please note:**   * SWEP endorsement approval must be received before the workshop is held and cannot be made retrospectively. * Applications require a minimum 30 days processing time * Workshops of less than 1 hour duration will not be approved   **What happens after your application is assessed?**   * If your application is successful you will receive a letter detailing the amount and type of points prescribers can claim for attending your workshop * Provisional approvals may be given based on incorporating suggested amendments to the workshop * A certificate template will also be sent to you * With your permission, SWEP will identify your training program as endorsed on their website at <https://swep.bhs.org.au/swep-endorsed-education.php> and provide potential participants with the allocated CPD points and your contact details / links * As detailed in item 23 of this application, you must provide a certificate of attendance to all prescriber participants at or following the workshop | | |
| Listing course contact details with SWEP | | |
| Would you like SWEP to identify your training program as endorsed on our website?  Yes  No  What contact details for potential participants would you like listed on the SWEP website? (supply phone number and/or email address and/or website address) | | |
| ***OFFICE USE ONLY***   * *Date of application* Click or tap here to enter text. * *Application reviewed by* Click or tap here to enter text. * *Date application assessed* Click or tap here to enter text. * *Decision*   *Approved  Not approved*  *Provisional approval dependent on recommendations outlined in communication to applicant* | | * *Application endorsed by SWEP CAHO* Click or tap here to enter text. * *Date application endorsed* Click or tap here to enter text. * *Application decision communicated with applicant* * *Course listed on SWEP website as requested*   *Actioned by* Click or tap here to enter text.  *Date actioned* Click or tap here to enter text.   * *Renewal due by* Click or tap here to enter text. |