### 

Application Form for BDA CPD Re-Approval

This application form is for BDA Re-Approval only

# Section 1: Initial CPD Approval

Date of original approval

by the BDA:

Title of learning activity:

## 

# Section 2: Organisation Details

Name of organisation:

Contact Name:

E-mail address:

Telephone Number:

Postal Address:

# Section 3: Learning Activity Details

Dates and Venues (if appropriate) *\*please list all dates/venues if repeated*

Attendance Fee(s):

Is this subsidised, if yes how?

## Please outline any partnership / sponsorship arrangements in place:

Please indicate any other supporting organisation logos that will be included in this activity?

# Section 4: Learning Activity Content

Have you recently reviewed the [BDA policy and position statements and guidance](https://www.bda.uk.com/news-campaigns/policies/policy-statements.html):

Yes No

Have you made changes to your content as a result of the BDA policy and position statements and guidance:

Yes No

If yes, please provide details of the changes you have made:

Have you reviewed the current evidence base and professional practice guidance for your topic area:

Yes No

Have you made changes to your content as a result of the current evidence base or professional practice guidance:

Yes No

If yes, please provide details of the changes you have made:

Please list your reference list and sources of evidence you have used to develop your content:

## Have there been any other changes to the content of the learning activity, that are not already outlined above e.g., learning outcomes, aims etc.?

Yes No

If yes, please provide details of the changes you have made:

## Have there been any changes to the structure of the learning activity? (e.g. number of hours, days, weeks, etc)

Yes No

If yes, please provide details of the changes you have made:

Have there been any changes to the **facilitators/speakers/presenters** of the **learning activity**?

Yes No

If yes, please provide details of the changes you have made:

## Have there been any changes to the structure of the learning activity? (e.g. number of hours, days, weeks, etc.)

Yes No

If yes, please provide details of the changes you have made:

# Section 5: Learning Activity Evaluation

## Please provide a summary of the feedback you have received from this learning activity. If applicable, please submit a copy of your evaluation summary as part of the supporting documents:

Based on the above, please outline how your feedback has been evaluated and acted upon:

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