###

Application form for BDA CPD Approval

# This application form is for the BDA CPD Approval of CONFERENCES only.

# Section 1: Organisation Details

### Place ‘X’ next to the type of organisation:

BDA Specialist Group Third Sector Organisation

Other AHP Association Commercial company

Freelance Dietitian Large charity

Small/medium charity Other (please explain in space below)

Higher Education Institute

Name of organisation:

Contact Name:

E-mail address:

Telephone Number:

Postal Address:

# Section 2: Conference Details

Title of Conference:

Target Audience:

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

Length of conference:

Attendance Fee(s):

Is this subsidised, if yes how?

# Section 3: Programme

Overall aim/purpose:

Learning outcomes of the conference:

Please outline how we can be assured that content is based on the best available evidence, and best practice:

Briefly describe the process in place to evaluate the conference and how its evaluation will be acted upon.

Please indicate the equality, diversity and inclusion considerations taken into account when developing the conference, and how you have taken steps to reduce or remove barriers to participation for people with protected characteristics. It is best practice to conduct an Equality Impact Assessment prior to the development of any project, resource or activity. Please share a copy of your Equality Impact Assessment, if you have completed one:

**Please upload a copy of the conference programme, within the supporting resources section on our online form.**

# Section 4: Professional Involvement

Please provide details of all the professionals involved in the conference and their roles. If they are involved as a speaker, please outline the topic or title of their presentation. Please submit biographies and a link to their professional profile or LinkedIn for all individuals included in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Professional Registration | Role | Topic/Title | LinkedIn or Professional Profile |
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| *Please add rows as required.* |

# Section 6: Conflict of Interest

Please refer to the below definition of what needs to be recorded in this section:

The interests of an individual or organisation which might reasonably be thought by others to influence the production of the content in a learning activity – this could include being employed by a commercial company who manufacture products related to the topic area or a patient charity whose work involves lobbying for change in their patient area.

**Please note, if conflicts of interest are not declared, the BDA reserves the right to withdraw approval at any stage and will not be able to provide a refund for this.**

Please provide details of any partnership/sponsorship arrangements in place and state any sources of funding for the conference (please include any commercial products or services which will be promoted within this conference):

Please declare any conflict of interest/potential conflicts of interests\* from **authors, reviewers and speakers** and what processes have been put in place to mitigate these:

Please declare any conflict of interest/potential conflicts of interests\* from the **organisation** and what processes have been put in place to mitigate these:

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