Event Details

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| Organiser |
| Organisation name |  |
| Organisation type | For profit / not-for-profit *(delete as appropriate)* |
| Co-ordinator name |  |
| Email |  |
| Telephone |  |
| Address |  |

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| Invoicing/Finance Details |
| Purchase order number | *(please check if your organisation requires a PO number)* |
| Email |  |
| Address |  |
| FAO |  |

You can find details of our fees online: <https://accreditation.rcseng.ac.uk/Home/Fees>

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| Course details |
| Course title |  |
| Course type | *(e.g. conference, symposium, practical skills course)* |
| Exposure | International / national / regional / local *(delete as appropriate)* |
| Duration (days) |  |
| Venue |  |
| Date(s) of event |  |
| Timers previously run |  |
| Frequency  | *(e.g. once per year)* |
| Course rationale |  |
| Target audience |  |
| Entry Requirements |  |
| No. of participants |  |
| Participants fee |  |
| Fee extra info |  |

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| Aims and Objectives |
| Learning aims |  |
| Learning outcomes |  |

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| Faculty |
| Name | Qualifications | Topics Specialised | Place Of Work |
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| Learning Methods |
| Teaching methods |  |
| Assessment methods |  |
| Learning support |  |
| Evaluating methods |  |

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| Timetable |
| Day | Start Time | End Time | Subject | Delivery Method | Staff | Event Info |
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| Complete |
| Commercial sponsorship details |  |

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| Requirements (please tick to confirm) |
|[ ]  Sufficient fundsI confirm that sufficient funds are available for the duration of the course. |
|[ ]  Business planI confirm that the appropriate business plan has been develped including market research and financial viability. |
|[ ]  Attendance RegisterI confirm that I will keep an attendance register and retain a list of participants for a period of 24 months and provide this information upon RCSEng request. |
|[ ]  Report ChangesI confirm that I will report any planned changes to the course to the college. |
|[ ]  Commercial SponsorshipI confirm that the educational programme of the activity is not inappropriately influenced or biased by commercial organisations. |
|[ ]  Faculty Declaration of InterestI confirm that I will ask the event’s faculty to provide a declaration regarding any interest they may have relating to the event, and make each faculty’s declaration available at the event. |
|[ ]  Evaluation SignedI confirm that the evaluation of the activity will be conducted and the results will be provided to the RCSEng. |
| Evaluation Description |

*Please describe how you will obtain feedback from this event:*