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| **Application for BGPERT Admin & Event Support** | | | | | | | | | |
| **Your contact details:** | | | | | | | | | |
|  | | | | | | | | | |
| Organisation |  | |  | Name | |  | | |  |
|  | | | | | | | | | |
| Address |  | |  | Email address | |  | | |  |
|  | | | | | | | | | |
| Telephone number |  | |  | Date |  | | | |  |
|  | | | | | | | | | |
| Event title: |  | |  | Event date: |  | | | |  |
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|  | | | | | | | | | |
| **BGPERT can help with the administration, organisation and promotion of your meeting:** | | | | | | | | | |
| Thank you for contacting us about your meeting, as a charity run for the benefit of its members, BGPERT charges for these services.  BGPERT organises educational events to meet the learning needs of GPs as identified through appraisal, evaluation of events, liaison with consultants etc. Using this experience we can advise you on identifying robust educational objectives or learning outcomes for your meeting as well as providing administration support along the way.  Please complete this form to let us know how we can assist you with your meeting, this will enable us to agree a fee. | | | | | | | | | |
|  | | | | | | | | | |
| **Please tick the services required;** | | | | | | | BGPERT | Applicant | |
| **Accreditation**  This includes;   * A BGPERT Educator will advise you on identifying robust programme with educational objectives or learning outcomes for your meeting. This will enable you to apply for accreditation. * Accreditation awarded; Official Severn School of Primary Care postgraduate education event quality kite-mark & BGPERT logo to be used for the promotion of your meeting, and posting on our website | | | | | | |  | N/A | |
| **Organisation;**   * Booking and payment of a venue of your choice to be made on your behalf * Payment of speakers fees can be made on your behalf * Booking and payment for catering can be made on your behalf   ***Please note: venue hire, speaker’s fees and catering costs will be charged in addition to this quote.*** | | | | | | |  |  | |
| **Promoting your meeting;**   * Drafting an invitation to be emailed to our members (This ensures coverage across the Bath area and beyond into Wiltshire and Somerset) | | | | | | |  |  | |
| **Bookings & Reminders;**   * We can take bookings for your accredited event * Provide you with a register of delegates, and where known, their place of work * We will also email those attending a reminder a week before the event | | | | | | |  |  | |
| **Paperwork for your meeting;**   * We will provide you with a copy of our evaluation form and reflective practice form (Alternatively online evaluation can be arranged, please email us) | | | | | | |  |  | |
| **Please ask if you would like;**   * A BGPERT Educator to chair your meeting * The BGPERT admin team attend, supporting registration   **Please note this is not always possible.** | | | | | | |  |  | |
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| **Please return this form by email** [**BGPERT@birdbath.org.uk**](mailto:BGPERT@birdbath.org.uk)  **- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -- - - - - - - - - - - - - - - - - - - - -- - - - - - - - - - - - - - - - - - - - -** | | | | | | | | | |
| **For BGPERT office use only:** | | | | | | | | | |
| Cost for providing the above service: | |  |  | Initial and date | |  | | |  |
|  | | | | | | | | | |
| **I accept that the above costs and services detailed above are correct and would like to continue with my application** | | | | | | | | |  |
| Applicants signature |  | |  | Date |  | | | |  |
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| Bath GP Education & Research Trust - Telephone: 01225 336363 Web: www.bathgped.co.uk Email: BGPERT@birdbath.org.uk  Charity Commission number: 1005171 | | | | | | | | | |