

Application form for continuing professional development event recognition to award World Physiotherapy CEUs

Instructions: Please complete the form in English. Only fully completed applications with the required additional information provided on webpages or attachments will be reviewed.

CPD provider information	
Organisation/ company name:	
Type of organisation:	<input type="checkbox"/> Not-for-profit CPD provider <input type="checkbox"/> For-profit CPD provider without commercial interests (See note) <i>Note: For-profit entities with commercial interest that develop, produce, market, resell, or distribute drugs, devices, products, or other health care goods, services, or therapies that may be prescribed to patients/ clients or ordered by a physiotherapist in the diagnosis, treatment, monitoring, management, or health conditions, are not eligible to apply for the World Physiotherapy CPD event recognition. For example, the following are not eligible CPD providers: pharmaceutical companies, medical device companies, producers of non-prescription health care products, nutrition companies, pharmacies; diet, fitness, and weight-loss companies; prosthetic and orthotic stores; home care companies; etc.</i>
Provide a short description of the organisation and its purpose (max 250 words):	
Field/area of CPD event concentration:	
Organisation/ company website:	
Contact person (full name):	
Job title:	
Address (incl. postcode):	

CPD provider information (continued)

Country/territory:	
Email:	
Phone:	

Part 1 – Event overview

Event title:	
Summary of event (500 words):	

Part 1 – Event overview (continued)

Event date(s):	
Delivery type:	
Event type:	
If other please stipulate:	
Domain of physiotherapist practice competence addressed in the event:	
Please specify using the domains described in Physiotherapist education framework , pg.11	
Event website:	
Language:	
Target geographical area:	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> International <input type="checkbox"/> Local
Specify:	
Target audience:	<input type="checkbox"/> Physiotherapists only <input type="checkbox"/> Multi-professional
Define any specific group most likely to benefit:	
Contact hours (number of hours excluding breaks):	
Venue (for onsite events):	
Promotional material/ publicity advertising: (please include webpage or submit as accompanying pdf)	<input type="checkbox"/> Attached <input type="checkbox"/> Webpage Add webpage: _____
Programme outline: (please include webpage or submit as accompanying pdf)	<input type="checkbox"/> Attached <input type="checkbox"/> Webpage Add webpage: _____
Participation fee (GBP):	

Part 1 – Event overview (continued)

 Funding source for event:
Provide details of funding sources

 Commercial sponsorship Educational grant None

Detail of funders:

Number of subsidised places for people from World Physiotherapy member organisations from low and low middle income countries/territories

Free:

Reduced rate:

List the names of the organising team/committee:

Enter details below only if different from CPD provider contact person:

Contact person (full name):

Job title:

 Address
(incl. postcode):

Country/territory:

Email:

Phone:

Part 2 – Event educational information

Aim of event (100 words):

Part 2 – Event educational information (continued)

Learning outcomes: (maximum of 5) (For a multi-track conference/event please provide overall objectives)

1.

2.

3.

4.

5.

Indicative content: (Give an overview of the key topics to be covered in list format, 250 words)

Part 2 – Event educational information (continued)

Supporting references: Please list up to five supporting references published within 5-15 years that provide evidence base for the CPD event. At least two references must be published in English.

1.

2.

3.

4.

5.

Part 3 – Instructor/facilitator/speaker/lecturer information

Please complete speaker details for each speaker/lecturer involved in the event delivery. For a multitrack event/conference, include all keynote/significant speakers but not individual abstract presenters.

Speaker details

Event title:	
Event date:	
Title of speaker's session:	
Speaker first name:	
Speaker last name:	
Speaker job title:	
Affiliation: (primary workplace)	
Professional qualifications:	
Physiotherapist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a physiotherapist, are they a member of a World Physiotherapy member organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which regulatory body: _____ Registration number: _____
Individual indemnity provider:	
Personal website/Linkedin:	
Experience relevant to presentation topic:	

Part 3 – Instructor/facilitator/speaker/lecturer information continued

Speaker details continued

Short career biography, including previous educational event delivery experience: (max 250 words)

Declare actual or perceived conflict(s) of interest:

Part 3 – Instructor/facilitator/speaker/lecturer information continued

Please complete speaker details for each speaker/lecturer involved in the event delivery. For a multitrack event/conference, include all keynote/significant speakers but not individual abstract presenters.

Additional speaker details 1

Event title:	
Event date:	
Title of speaker's session:	
Speaker first name:	
Speaker last name:	
Speaker job title:	
Affiliation: (primary workplace)	
Professional qualifications:	
Physiotherapist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a physiotherapist, are they a member of a World Physiotherapy member organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which regulatory body: _____ Registration number: _____
Individual indemnity provider:	
Personal website/Linkedin:	
Experience relevant to presentation topic:	

Part 3 – Instructor/facilitator/speaker/lecturer information continued

Additional speaker details 1 continued

Short career biography, including previous educational event delivery experience: (max 250 words)

Declare actual or perceived conflict(s) of interest:

Part 3 – Instructor/facilitator/speaker/lecturer information continued

Please complete speaker details for each speaker/lecturer involved in the event delivery. For a multitrack event/conference, include all keynote/significant speakers but not individual abstract presenters.

Additional speaker details 2

Event title:	
Event date:	
Title of speaker's session:	
Speaker first name:	
Speaker last name:	
Speaker job title:	
Affiliation: (primary workplace)	
Professional qualifications:	
Physiotherapist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a physiotherapist, are they a member of a World Physiotherapy member organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which regulatory body: _____ Registration number: _____
Individual indemnity provider:	
Personal website/Linkedin:	
Experience relevant to presentation topic:	

Part 3 – Instructor/facilitator/speaker/lecturer information continued

Additional speaker details 2 continued

Short career biography, including previous educational event delivery experience: (max 250 words)

Declare actual or perceived conflict(s) of interest:

Part 3 – Instructor/facilitator/speaker/lecturer information continued

Please complete speaker details for each speaker/lecturer involved in the event delivery. For a multitrack event/conference, include all keynote/significant speakers but not individual abstract presenters.

Additional speaker details 3

Event title:	
Event date:	
Title of speaker's session:	
Speaker first name:	
Speaker last name:	
Speaker job title:	
Affiliation: (primary workplace)	
Professional qualifications:	
Physiotherapist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a physiotherapist, are they a member of a World Physiotherapy member organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which regulatory body: _____ Registration number: _____
Individual indemnity provider:	
Personal website/Linkedin:	
Experience relevant to presentation topic:	

Part 3 – Instructor/facilitator/speaker/lecturer information continued

Additional speaker details 3 continued

Short career biography, including previous educational event delivery experience: (max 250 words)

Declare actual or perceived conflict(s) of interest:

Part 4 – Event organisation and governance

<p>Indemnity: Provide evidence that you hold adequate indemnity arrangements for the event, including suitable limits of liability and public liability indemnity</p>	<input type="checkbox"/> Attached <input type="checkbox"/> Not required
<p>Corporate indemnity provider:</p>	
<p>Consent for demonstration: Provide a copy of any consent form you will use if you intend to include patient and/or participant participation in demonstration. Provide a copy of consent and release forms for participants (eg skills courses where they will be engaging in activities)</p>	<input type="checkbox"/> Attached <input type="checkbox"/> Not required
<p>Confidentiality/record keeping: Provide evidence that you are registered with a data controller, if applicable to your jurisdiction, if you intend to hold or process participants' personal information.</p>	<input type="checkbox"/> Attached <input type="checkbox"/> Not required
<p>Copyright: Provide evidence that you are the copyright holder of any material given to participants, or that you have permission of presenters to supply their presentations to participants.</p>	<input type="checkbox"/> Attached <input type="checkbox"/> Not required
<p>Professional regulation: Provide confirmation that your professional speakers are regulated by the relevant regulator if applicable.</p>	<input type="checkbox"/> Completed on speaker summary form <input type="checkbox"/> Not required
<p>Scope of professional practice: Are the event topics within the global scope of physiotherapist practice as described in the domains of physiotherapist practice competence in Physiotherapist education framework?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, which territories are they restricted to? _____
<p>Financial security: Can you assure that participants' financial details are processed securely?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Commercial sponsorship: If yes, declare details on actual or perceived conflict of interest.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Conflict of interest: Declare actual or perceived conflict(s) of interest.</p>	

Part 5 – Submission statement

I confirm that I have accurately completed all the forms and have attached all the required information where indicated.

I confirm that I understand that my application will not be reviewed until I have paid the application fee(s).

I confirm that I understand that, if approved, the CPD event will be implemented as described in this application form. Changes to the approved event must be reported to World Physiotherapy prior to the event (eg speakers, topics etc.) and might result in revocation of the recognition.

Name:	
By entering your name in the above field, you are confirming that submission is complete.	
Date of submission:	