**The Royal College of Midwives**

**Accreditation Application Form**

This form is intended to guide you through the accreditation application process. Applications can be made online to [accreditation@rcm.org.uk](mailto:accreditation@rcm.org.uk) or by post to RCM Education, 15 Mansfield Street, London W1G 9NH. If you require further information or additional support please contact [accreditation@rcm.org.uk](mailto:accreditation@rcm.org.uk).

The learning/education activity/event for which you are seeking RCM accreditation should contribute to RCM members continuing personal and professional development (CPPD) and enhance the safety and effectiveness of care provision and delivery to women, babies and their families.

When completing the application form please provide as much detail as possible so that the assessment panel has all relevant information to assess your application.

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| **Details of the Applicant** | |
| **Your name** |  |
| **Job title** |  |
| **Address (including post code)** |  |
| **Email address** |  |
| **Telephone number** |  |
| **Name of organisation/team/individual** |  |
| **Type of organisation**  (Sole trader, small charity, profit making, non-profit, NHS trust, RCM branch, student society or higher education institution). |  |
| **Address of organisation** |  |
| **Organisation website** |  |
| **Profile of the organisation/ team/ individual** |  |
| **Nature of relationship with RCM**  (any previous accreditation or links with the RCM) |  |

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| **Details of the learning activity/event** | |
| **Title of activity/course/event or learning resource** |  |
| **Topic area e.g. Hypnobirthing** |  |
| **Details of the activity/event**  (Please provide a copy of the programme) | Intended aims and learning outcomes – provide clearly defined aims and objectives reflecting the overall purpose of the activity and the knowledge and/or skills that should be achieved at the end of the activity. |
| Explain relevance to RCM members personal and professional development and/or enhancement of professional midwifery practice |
| Provide programme of the activity/event including the number of study hoursand the way they are organised (please include both face-face contact and self-directed hours, where appropriate) |
| Content of the activity/event; this should include the titles of the sessions and who is teaching/facilitating them. Where possible please provide PowerPoint presentations or abstracts, hand-outs or online access to content and a list of references or referenced content. |
| Evidence of literature that underpin the learning activity/event. |
| **Proposed date/s and the venue of the activity/event**  (where applicable) |  |
| **Teaching and learning methods to be used for each session of the activity/event** | Details of methods e.g. lectures, presentations, seminars etc. |
| **Methods of assessment** (dependent of the activity/event). Where the learning in the activity/event is formally assessed, please provide full details of the assessment process for example how will the participants/delegates be prepared for the assessment and who will undertake the assessment (where applicable please provide the assessment criteria), and how and when will the results be provided? |  |
| **Participants/delegates**  Who are the target participants/delegates? How will they be invited – how will the activity/event be advertised? How will the participants be selected (where relevant a copy of the selection criteria or advertising material should be submitted)? |  |
| **Support for participants/delegates**  Please provide details, where relevant, of how will the participants/delegates be supported during the activity/event and what guidance will be given to them? |  |
| **Learning resources**  Please provide details of the proposed learning resources required to deliver the activity/event for example number of speakers/teachers and venue. |  |
| **Funding**  What are the fees/costs of the activity/event? |  |
| **Quality assurance methods**  What are the proposed quality assurance methods for the learning activity/event and the evaluation tools (a copy of this should be provided for example an evaluation form)? |  |
| **Planning**  Provide a list of people involved in the planning of the activity/event and include their biographical details and/or short CVs indicating their qualifications and expertise. |  |
| **Speakers**  Provide a list of speakers and facilitators, if applicable and include their biographical details and/or short CVs indicating their qualifications and expertise; where appropriate please indicate involvement of midwives in the planning and implementation of the learning activity/event. |  |
| **Administrative arrangements** – outline the administrative process in place to provide the activity/event. |  |

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| **Additional documents** (relevant to your activity/event)   * Programme/agenda of the learning activity * Advertising material * Selection criteria * Course workbook/s (where appropriate) * CV(s) * Evaluation form(s) |  |
| **Declaration of conflict of Interest**  Please declare if there are any conflicts of interest. |  |
| **Invoicing information** | |
| **Name of individual or organisation to be invoiced** |  |
| **Finance contact name** |  |
| **Finance email address** |  |
| **Finance postal address** |  |
| **Finance telephone number** |  |
| **Any reference, that needs to be quoted on the invoice** |  |
| **Purchase order number if required** |  |

**Quality monitoring**

As part of the RCM quality monitoring, it is usual for a representative nominated by RCM to be invited to be part of the programme or to attend the event.

**Annual report**

As part of the RCM quality assurance process an annual report based on evaluations of the event/resource by participants and facilitators should be submitted at the end of the year. This should include information regarding any actions resulting from feedback, participant attrition rates and assessment results. The report should also include any significant changes in the organisation or delivery of the programme.

Please note that accreditation will be withdrawn from an organisation or team if at any time during the accreditation period the individual/team/organisation fails to comply with RCM values or is perceived to bring the reputation of the RCM into disrepute.

A fee is levied taking into consideration the type and size of organisation applying for accreditation, see this [scale of charges](https://www.rcm.org.uk/sites/default/files/accreditation_charges.pdf" \t "_blank)for an indication of fees. An administration charge of £100 is payable in advance, this will be deducted from the accreditation fee. This administration fee is non-refundable. Details can be found on the main RCM Accreditation webpage here: [https://www.rcm.org.uk/learning-careers/RCM-accreditation-scheme](https://www.rcm.org.uk/learning-careers/RCM-accreditation-scheme" \t "_blank)