# **New Regional Centre Application**

## Please complete this form if you wish to run a Royal College of Surgeons course that you have not previously run.

Return this form by email to: [Education@rcseng.ac.uk](mailto:Education@rcseng.ac.uk)

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| Regional Centre and Course details | | | |
| Course name | |  | |
| Are you running any other RCS activity, e.g. exams, courses? If yes please specify which other course | |  | |
| Will you be interested in running any other RCS course? If yes, please specify | |  | |
| Person initiating request *(Full name, job title and place of work)* | * Name * Job Title * Address * Email * Phone |  | |
| Name and address of the proposed regional centre *The centre name will appear on participant certificates and must be a legal entity with which any agreements will be made, usually a hospital, trust, LETB, university or training centre* | * Centre Name * Centre Address |  | |
| Name and address of the billing centre *if different from the regional centre above* | * Name * Job Title * Address * Email * Phone |  | |
| How many times per year do you anticipate running the course? | |  | |
| How many participants do you anticipate will attend each course? | |  | |
| Do you intend to run your courses Open or Closed?  *‘Open courses are advertised outside the Regional Centre, including on the RCS website, and fees must be charged in accordance with College guidance. ‘Closed’ courses are not advertised outside the Regional Centre and any charge is at the Centre’s discretion. If you intend to offer a course with half paying participants and half invited/funded, please check ‘Open’* | | Open | Closed |
| Proposed dates of first course (and other courses in first year – *if applicable)*  *We advise you propose dates 4-12 months from the date of application and be prepared to change them if requested by RCS* | |  | |

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| Teaching Facilities | | |
| Name and address of the course venue(s) *The physical location where the course will be held. Depending on the course and the geographical location covered by your organisation, you may be able to run the course from multiple venues. If held on hospital premises, please be specific as to the location e.g. simulation centre; education centre. The venue must have health and safety approval and appropriate insurance for all aspects of the course.* | * Name * Address   *If different from centre address* |  |
| Description of course venue  *Please describe* ***in detail*** *the facilities available, specifying number and type of rooms that will be used, location where refreshments will be taken etc. Please note, we may request photographic evidence. If you have a website with a description and/or photographs of the venue, please provide a link.* | |  |

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| Course Administration | | |
| Nominated Course Coordinator  *(full name, job title and place of work) This person will usually work in an administrative role* | * Name * Job Title * Address * Email * Phone |  |
| Nominated Technician  *(full name, job title and place of work) This person will usually work in a technical role*  ***Role is not required for TrACE, Training the Trainers or START*** | * Name * Job Title * Address * Email * Phone |  |

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| Faculty | |
| Nominated Course Director / Lead Faculty  *(full name and GMC number)* |  |
| List potential faculty members (with GMC numbers if available)  *See New Centre Guide for details of faculty eligibility.* *We will check your list against our database and discuss a plan for any faculty who are not yet eligible.* |  |

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| New Course Application Approval Fee |
| £300 one off payment    *If your application is approved an invoice will be raised for £300. Payment terms are 30 days from the date of the invoice. Failure to pay within 30 days may lead to the withdrawal of centre approval. Failure to run a course will still result in this fee.* |
| Any future venue requests will be charged a one off payment of £150 |

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| Quality Assurance | | | |
| Do you intend to follow the RCS standard course programme or are you applying to make changes?  *If you agree to run with the standard programme,* *you must seek permission for any amendments made to programme timings at a later date, whether for your first or subsequent courses.*  *If you wish to make changes, please note that* ***session lengths must remain unaltered****, but you may change the start and finish times and break lengths.* *Please attach your proposed programme for approval.* | We will run the RCS standard programme | | We are applying to make changes and attach our proposed programme |
| I confirm that the venue has the required teaching facilities and equipment to deliver the course as described in the Course Introductory Guide.  *Please check the box to indicate you agree with this statement.* | |  | |
| I have read and understood the document Standards for Centres and agree that the Standards will be met as part of the centre/course approval process. Failure to adhere to the Standards for Centres could lead to your course and/or centre losing approval  *Please check the box to indicate you agree with this statement.* | |  | |
| I confirm that the information submitted on this form is correct at the time of application and understand that changes may result in any subsequent approval being withdrawn.  *Please check the box to indicate you agree with this statement.* | |  | |
| Date | |  | |
| Signature |  | | |

Following submission of this form, we will assess your application, taking into account the feasibility of organising any training requirements and identifying faculty in time for your first course. We aim to contact you within 28 days to accept or decline your application on a provisional basis: this does not constitute a binding agreement. We may ask you for further information or suggest alternate dates. Please note that if we choose to proceed with your application, the full approval process usually takes 4-12 months depending on the course for which you are applying.

To qualify as an approved Regional Centre completion of the first course to the necessary standards is required.

If you have any queries regarding completion of this form, please email [Education@rcseng.ac.uk](mailto:Education@rcseng.ac.uk) or telephone 020 7869 6300.