Application form for British Association of Hand Therapy

Re-accredited Hand Therapist (AHT) award

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| Title:  Name: | Address:  Postcode:  E-mail:  Tel No: |
| BAHT Number: |
| Place of work: | |
| Date of Application: | Professional Qualification: |

**Criteria Checklist ☑**

* Member of BAHT 
* 12 BAHT points 
* Actively working clinically in Hand Therapy\* 
* 2000 hrs of clinical/research/teaching hours in hand therapy 
* Evidence of 100 hrs CPD 
* **3** Guided testimonials - as below 
* Extended CV and application– as below 
* £30 application fee 

\* In applying for accreditation, you must confirm that you have been actively practising in the field of hand therapy over the last two years minimum. Actively practising means “drawing on your professional skills/knowledge in the course of your work” and it is a personal decision as to whether your work fulfils this. This is in line with guidance from the Health Care Professions Council (HCPC). The Education Sub Committee will consider extenuating circumstances such as maternity leave and provide individual guidance as needed.

I hereby apply to become an Accredited Hand Therapist (AHT)

Signed……………………………………………… Date………………………….

By signing above, you are consenting, if successful, for your name to appear on the online register of Accredited Hand Therapists. Please tick the box if you **do not** wish your name to be added

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Please tick the box to give permission for your name to be shared on BAHT e-bulletin

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Please tick the box to give permission for your name to be shared on BAHT Twitter

and provide your Twitter handle

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**CONTACT DETAILS**

AHT Co-ordinator **Email:** [baht.aht@gmail.com](mailto:baht.aht@gmail.com)

**Eve Dunn**

Clerical and Admin Assistance, BAHT

**WORKING HOURS**: Monday-Wednesday 1pm-5.30pm,

Thursday, 9.30-4pm, Friday 12-2pm

**Email**: [bahthandtherapy@gmail.com](mailto:bahthandtherapy@gmail.com)

**Tel: 01473 788554 or 07928896144**

During non working hours please leave a message on the answer phone

or email.

**BAHT Bank Details**

British Association of Hand Therapists

Account Number 00050628 Sort Code 30-16-74

**Application Form**

BAHT Points

Level 1

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| --- | --- | --- |
| Date of course/Years of experience in hand therapy | Venue | Points |
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Level 2

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| --- | --- | --- | --- |
| Date of course/ APL award | Course attended/APL Speciality | Venue | Points |
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Level 3

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| Date of course/APL Award | Nature of work submitted/Route | Title of work submitted | Points |
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University of Derby or Essex AHT Route

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| --- | --- | --- | --- |
| University Name | Modules Completed | Date Completed | Evidence Provided |
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| **Total Points** |  |

**Curriculum Vitae**

**Applicants may either complete the following template or use it as a guide to structure their own CV.**

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| **Summary of current role (250-500 words)** | | |  | | |
| **Clinical Log** – 2000 hours completed in last 5 yrs in hand therapy | | |  | | Please see Clinical Log template below |
| **Clinical Practice (250 words maximum)**   * Postgraduate experience in Hand Therapy * Years of experience * Location of work, responsibilities and, where appropriate, reflections * Present post including clinical, educational and managerial responsibilities. This section gives the candidate the opportunity to **reflect** on their role/s alongside their clinical expertise including assessment and treatment skills. | | |  | | |
| **2. Courses and Qualifications pertinent to Hand Therapy**   * Qualifications and dates (university, etc.) * Short courses, with subject/field and date(s) * BAHT validated courses | | | Please list below any **relevant** courses attended or qualifications gained **with a short reflection for each example**  Please **scan and attach certificates** in appendices and cross reference to the list above.  100hrs CPD since last accreditation | | |
| Date Attended and Hrs | | Brief reflection | | Evidence Attached? | |
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| **3. Course Appraisal and Reflection**  Please provide two examples of relevant courses you have attended or qualifications you have gained (250 words maximum)  Assessors are looking for demonstration of evidence based strategies, critical appraisal and application to practise | | | Example 1 | | |
| Example 2 | | |
| **4. Promotion of specialism**  **Reflection on sharing of expertise**  Examples:   * in-service training planning and involvement * teaching both within the workplace and outside. * organisation of outside speakers * organisation of BAHT validated courses & teaching input * experience as an External Representative for BAHT, assessor / advisor for Level II / Level III projects and APL   Wherever practicably possible evidence of the above e.g. programmes, feedback from attendees etc. should be **scanned and attached to the application** and cross referenced within this form.  The assessors are also looking for demonstration of learning from the above in the examples given.  Include reflection of what went well, could be improved and changes for the future to your role and workplace | | | Example 1 | | |
| Example 2 | | |
| Example 3 | | |
| **5. Leadership and Management Skills**  Experience in:  Day-to-day management/organisation of caseloads within Hand Therapy services;  Supervising other staff e.g. colleagues, students, support workers;  Evaluation and audit pertinent to Hand Therapy.  Wherever practicably possible evidence of the above e.g. programmes, feedback from colleagues etc. should be **scanned and attached to the application** as appendices and cross referenced within this form. | | | Example 1 | | |
| Example 2 | | |
| Example 3 | | |
| **6. Research and/or**  **Personal contribution to development of hand therapy (500 words approx.)**   * personal statement by applicant   Other evidence could be:   * statement of research studies completed * presentations of research findings (publications &/or presentations at conferences)   The assessors are also looking for demonstration of learning from the above. Critical reflection of involvement in research, Evidence of applying research in practice, identify gaps in evidence, significant audit or quality improvement project.  Wherever practicably possible evidence of the above e.g. programmes, feedback from colleagues etc. should be **scanned and attached within appendices to the application** and cross referenced within this form. | | |  | | |
| 3 Guided Testimonies  See the AHT application guidelines for guidance | Names of Testimonies | | | | |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |

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| This book is for recording clinical hours worked within the field of hand therapy. Its primary purpose is to provide evidence of your time spent actively working with patients / clients for whom hand trauma / disease is the principal diagnosis. This evidence is required when submitting an application to the Education Sub-committee of BAHT for various routes to attaining Accredited Hand Therapist status e.g. Accreditation of Prior Learning. It can also be used to demonstrate the area/s in which you work / have worked for re-accreditation.  Please complete each entry with the required information. It is imperative that you obtain the signature of your line manager or in the case of Private Practice a Consultant for whom you work.  It is your personal record and so it is in your interest to keep it safe and to make entries as and when necessary. It is only necessary to enter the end date when moving from one clinical area to another or when changing employer / Directorate.  British Association of Hand Therapists: Clinical Log | **Clinical Log**  **British Association of Hand Therapists**  **Clinical Log**  **Name:**  **BAHT membership No.**  **Current work address:**  **Contact telephone number:**  **Total number of hours claimed:**  **Declaration:**  *“I declare that I believe this clinical log to be a true record of the hours I have worked within the field of hand therapy. I agree to the information I have submitted being verified by a member of the ESC at the discretion of the ESC.”*  **Signed:**  **Date of Submission:** |

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| **Date**  **from / to** | **Place of work** | **Area of work** | **Total hrs. in hand therapy** | **Signature & designation of line manager etc.** |
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| **Name: Total number of**  **hours** | | |  |  |

**Attachments (Electronic)**

Please create one separate folder for each section of the CV containing all appended evidence, scanned certificates etc. ensuring documents have a file name corresponding with the contents of the document (e.g. Course Certificates).

The **electronic application** should therefore have the following components:

* Application form and CV
* Clinical Hours Log
* Testimonies
* Course Certificates (including evidence of courses being used to claim BAHT points)
* Evidence to support Promotion of Specialism
* Evidence to support Management Skills
* Evidence to support Personal Contribution to Development of Hand Therapy

**Payment**

For the accreditation process to commence the fees must be paid electronically by BACS

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or over the phone by phoning the BAHT secretary. Details will be provided at time of application. Cheques can no longer be accepted by BAHT.

Please contact:

**Eve Dunn** (Clerical and Admin Assistance, BAHT)  
**WORKING HOURS**: Monday to Thursday 1-5.30pm, Friday 12-2pm  
**Tel: 01473 788554 or 07928896144**  
Email: [bahthandtherapy@gmail.com](mailto:bahthandtherapy@gmail.com)

The AHT co-ordinator is happy to answer queries or provide assistance with the application process. Please email the AHT coordinator [baht.aht@gmail.com](mailto:baht.aht@gmail.com)

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