## **Application form for completed Reaccreditation for Accredited Hand Therapist (AHT) award (BAHT)**

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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 
* BAHT Accreditation 
* Actively working clinically in Hand Therapy\* 
* 2000 clinical/research/teaching hours in hand therapy 
* Evidence of minimum 100 hours CPD in last **5 years**

Demonstrated in Course and Qualifications Log 

* **3** Guided testimonials - as below 
* Extended CV – as below 
* £30 application fee paid evidence sent to ESC Treasurer 

\* In applying for re-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. 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 (BAHT)

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

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and provide your Twitter handle below

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**CONTACT DETAILS**

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

BAHT ESC Treasurer **Email:** [baht.escfinance@gmail.com](mailto:baht.escfinance@gmail.com)

**Payment**

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| Administration Fee |
| Please note that payment of the £30 fee must be made *before* an application can be considered. We are no longer able to accept cheque payment for fees so please provide relevant details for invoicing below & email back to: baht.aht@gmail.com & baht.escfinance@gmail.com     |  |  | | --- | --- | | Invoice addressee name |  | | Contact e-mail address |  | | Contact phone number |  | | Postal address |  | | PO number (if applicable)\*  \*If a purchase order is required, please ensure this is raised prior to submitting this application and quote the relevant number here. |  |     Please contact us if you have any queries regarding this via baht.aht@gmail.com & baht.escfinance@gmail.com    To avoid unnecessary delays in processing your application, please ensure you notify baht.aht@gmail.com & baht.escfinance@gmail.com when you make payment.    Receipts will not routinely be provided, please notify us if this is something you specifically require. |

## **Extended Curriculum Vitae**

**Please complete the following**

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| 1. **Summary of current role (250-500 words)**   Including where relevant leadership, education, research and clinical practice |
| 1. **Clinical Practice and experience (500 words maximum)**  * Postgraduate experience in Hand Therapy * Years of experience * Location of work, responsibilities and, where appropriate, reflections * Present post including clinical knowledge, skills/ experience and practice. * This section gives the candidate the opportunity to **reflect** on their role/s alongside their clinical expertise including assessment and treatment skills   **Support with evidence referenced to your appendix** |
| 1. **Course Appraisal and Reflection**   Please provide two examples of relevant courses you have attended or qualifications you have gained (250 words maximum for each example)  Assessors are looking for demonstration of evidence-based strategies, critical appraisal and application to practise. |
| Example 1 (250 words maximum) |
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| Example 2 (250 words maximum) |
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| 1. **Education and Promotion of specialism**   **Reflection on sharing of expertise**  Please provide three examples of any two of the following:  (250 words maximum each)   * In-service training planning and involvement * Teaching to the wider MDT within the workplace or external to the workplace. * Organisation of outside speakers * Organisation of hand or profession related courses and teaching input * Mentorship   Where possible provide evidence of the above e.g. programmes, feedback from attendees etc. should be **scanned and attached as a document “Evidence to support promotion of specialism” to the online application** and cross referenced within this form.  The assessors are looking for demonstration of learning within the last **5 years** in the examples given.  Include reflection and appraisal of what went well, what could be improved and changes for the future to your role and workplace. |
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| Example 1 (250 words) |
| Example 2 (250 words) |
| Example 3 (250 words) |
| 1. **Leadership and Management Skills**   Please provide three examples of any of the following:  (250 words maximum each)  Experience in:   * Day-to-day management/organisation of caseloads within Hand Therapy services. * Supervising other staff (building confidence) e.g. colleagues, students, support workers; * Evaluation and audit/research pertinent to Hand Therapy.   Where possible evidence and reflection of the above e.g. programmes, feedback from colleagues etc. should be **scanned and downloaded as a document “Evidence to support Leadership and Management Skills” to the online application** as appendices and cross referenced within this form. |
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| **Example 1 (250 words)** |
| **Example 2 (250 words)** |
| **Example 3 (250 words)** |
| 1. **Personal contribution to development of hand therapy within the past 5 years (500 words approx.)**   This is a personal statement by the applicant, bringing/adding to and enhancing the reflections already provided.  Assessors are looking for demonstration of learning & how this has been used to promote & deliver hand therapy.  This could include but not exclusive to   * Audit / research, teaching (in service &/or external), * Speaking at conference * Poster presentations * Publication of journal articles * Quality improvement projects   Evidence of the above to support the personal statement e.g. programmes, feedback from colleagues etc. should be **scanned and downloaded as a document “Evidence to support Personal Contribution to Hand Therapy” to the online application** as appendices and cross referenced within this form. |
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| Please remember to complete and download **3 Guided Testimonies, Clinical Log and Course and Qualifications Log to your online application**  See the AHT application guidelines for further guidance to complete this application |

## **Log of Course and Qualifications**

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| **Courses and Qualifications pertinent to Hand Therapy** (within past **5 years**)   * 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(within past  **5 years)** and minimum of 100 CPD hrs    **Please provide a variety of certificates to evidence CPD** in appendices and cross reference to the list above.  **Minimum 5 Certificates for evidence** | | |
| Date Attended | Hours | Evidence Attached (i.e. certificate) |
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## **Clinical Log**

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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** | **Please state whether hours within UK or overseas** | **Signature and designation of line manager etc.** |
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| **Name**    **Total number of hours**   * Clinical Log of 2000 hrs of clinical/teaching/research hours within last **5 years** in hand therapy must be demonstrated and verified whether worked in the UK or 50% or less gained outside of UK | | | | | |

## **Appendix Attachments (electronic)**

Please create one separate document 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 and Qualifications Log (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

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