Application form 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 
* 12 BAHT points 
* Actively working clinically in Hand Therapy\* 
* 4000 clinical/research/teaching hours in hand therapy 
* **3** Guided testimonials - as below 
* Extended CV – as below 
* £30 application fee 

\* In applying for accreditation, you must confirm that you have been actively practicing in the field of hand therapy over the last two years minimum. Actively practicing 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. The Education Sub Committee will consider extenuating circumstances such as maternity leave and provide individual guidance as needed.

**Please send:**

**By email or GDrive: baht.aht@gmail.com**

**Full application form, CV and ALL supporting documentation**

**By post:**

**Original signed application**

**Signed log of clinical hours**

**Signed testimonies**

Postal address can be obtained from BAHT administrator or AHT Co-Ordinator

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

and provide your Twitter handle

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Contact details:

Eve Dunn 01473 788554 or 07928896144

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

Postal address for applications should be obtained from the BAHT secretary or AHT coordinator

Application Form

BAHT Points

Level 1

|  |  |  |
| --- | --- | --- |
| 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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| **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** – Number of hours completed | |  | | Please post **original** signed log with application | |
| **Professional Experience (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/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** (where relevant) and cross reference to the list above. | | | |
| Title of Course / Learning experience | Date Attended | | Brief reflection | | Evidence Attached? |
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| 1. **Promotion of specialism / 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. | | Example 1 | | | |
| Example 2 | | | |
| Example 3 | | | |
| **4. Management Skills**   * experience in day-to-day management/organisation of caseloads within Hand Therapy services; * experience in supervising other staff e.g. colleagues, students, support workers; * experience in 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** and cross referenced within this form. | | Example 1 | | | |
| Example 2 | | | |
| Example 3 | | | |
| **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.  Wherever practicably possible evidence of the above e.g. programmes, feedback from colleagues etc. should be **scanned and attached to the application** and cross referenced within this form. | | Personal Statement | | | |
| 3 Guided Testimonies  Please post originals with application  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 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 (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

**Please send:**

**Full electronic application by email or Gdrive**

**AND**

* **Original signed application**
* **Signed log of clinical hours**
* **Signed testimonies**

**By post**

**Appendix E: Payment**

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

None of the paperwork will be returned, so please keep a copy for yourself.

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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