**PLEASE NOTE:** BAHT Level II Points can be gained for candidates who have completed the Associate PI Scheme.

British Association of Hand Therapists (BAHT)

## LEVEL II

## Associate Principal Investigator (PI) Scheme

## Application Form



Created April 2023

This document replaces all previous versions.

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Name of Candidate:

Appendix 1 - Application for Level II points on completion of an Associate PI Scheme

NOTE: if you have completed the PI Scheme please refer to BAHT Level III Guidelines / Application Form

BAHT Membership number:

Contact e-mail:

Contact address:

Title of Research:

Date that Associate PI Scheme completed:

Please complete this form & tick checklist to ensure you have included all the information required.

* Please email an electronic copy of this application form & all requested documents / evidence, with all personal details included, to baht.apl@gmail.com and bahthandtherapy@gmail.com
* Please note payment must be included before the ESC can consider your application.

 □ £30 application fee (see application guidelines for payment process).

 Paid via: □ BACS Transfer □ Phone

Date Paid: …………………. BACS Reference: ……………………

□ Evidence of successful completion of the Associate PI Scheme (e.g. copy of certificate – please do not send your original as documents cannot be returned).

- The Associate PI Scheme must demonstrate that it is related to hand/upper limb therapy.

- Date of completion must be within the two years prior to application for BAHT points.

□ A 400-to-500-word reflection must be produced detailing how the Associate PI Scheme has enhanced learning & development as a hand/upper limb therapist & influenced practice.

Note: please do not exceed this limit, anything over 500 words will not be considered as part of the application.

**Previously Acquired BAHT Accreditation Points**

|  |  |  |
| --- | --- | --- |
|  | **Course (Title & Venue) / BAHT Route (Title)** | **Date** |
| **Level I** |  |  |
| **Level II** |  |  |
| **Level II** |  |  |
| **Level II** |  |  |
| **Others** |  |  |

Signature of candidate\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

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