### BDA logo new.emf

Application form for BDA Endorsement

# Introduction

This application form is for endorsement of a document. Prior to completing this form:

* For document endorsement please read the 'Document Endorsement Guidance and information’, email completed form to edpd@bda.uk.com

Please also specify if this is the initial endorsement or re-endorsement

[ ]  Initial endorsement

[ ]  Re-endorsement Date of initial endorsement \_\_\_\_\_

The BDA require all endorsement applications to have been peer reviewed by a registered dietitian. If your document/learning event is not peer reviewed, it will not be accepted for endorsement. The BDA can arrange this for you for a cost of £100-£500

Would you like the BDA to arrange a peer reviewer for you?

[ ]  Yes

[ ]  No

The fee will be agreed with you before the external review is commissioned.

If your document/learning event has already been peer reviewed by a registered Dietitian, please complete the below:

Name of registered Dietitian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCPC registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee member of a BDA specialist group? Yes[ ]  No[ ]

If yes, please state committee role and specialist group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 1: Organisation Details

|  |  |
| --- | --- |
| Type of organisation  | [ ]  BDA specialist group [ ]  Other AHP association [ ]  Freelance Dietitian[ ]  Small/medium charity[ ]  Higher Education Institute [ ]  3rd Sector organisation[ ]  Commercial company [ ]  Large charity[ ]  Other (please explain) |
| Name of organisation, specialist BDA group or BDA branch |  |
| Contact Name |  |
| E-mail address |  |
| Telephone Number |  |
| Title of document/learning activity |  |
| Please state the target audiencee.g. dietetic workforce, patients/clients/public or other (please specify) |  |
| Details of any partnership / sponsorship arrangements in-place |  |
| Overall aim/purpose of the document/learning activity |  |
| Please indicate which PEN and nationally recognised sources of guidance such as NICE have been taken into account when developing this content |  |
| Please confirm that you have checked the BDA policy Statements and appendix 1 (below) and where appropriate, taken these into account  |  |
| Please outline how we can be assured that the content is current and evidence based |  |

|  |  |
| --- | --- |
| Details of dietitian(s) involved and their level of inputE.g. author(s)/collaborator(s) | Name: Professional Qualification: HCPC registration number: (if applicable)Please tick whether they were an author or collaborator [ ]  Author[ ]  Collaborator  |
| Will the content be available online? | [ ]  No[ ]  Yes (if yes, please insert website address)  |
| * Please declare any conflict of interest/potential conflicts of interests\* from authors and reviewers and what processes have been put in place to mitigate these.
 | An example of a conflict of interest may include previous commercial payment for work in this area or a personal gain. |
| * Please declare any conflict of interest/potential conflicts of interests\* from the organiation and what processes have been put in place to mitigate these.
 | An example of a conflict of interest may include accepting commercial income as part of your organisational strategy. |
| Please include sources of funding for the resource |  |

\*The definition of what needs to be recorded is: the interests of a member which might reasonably be thought by others to influence their actions in their capacity as a BDA member acting on behalf of the BDA. This is consistent with our Members Charter and the way other Councils work (including the Health and Care Professions Council).

**Please note**, if conflicts of interest are not declared, the BDA reserves the right to withdraw endorsement at any stage and will not be able to provide a refund for this

# Section 2: Details on document

|  |  |  |
| --- | --- | --- |
|  | Please tick box that applies | Please state where e.g. page number, , web page |
| Yes | No | N/A |
| Name of author(s)/contributors are stated |  |  |  |  |
| Professional qualification of author(s)/contributors are stated |  |  |  |  |
| Acknowledgement section included |  |  |  |  |
| The publication date is stated |  |  |  |  |
| The review date is stated |  |  |  |  |
| The target audience/user group are stated |  |  |  |  |
| In-site citations and a reference list are included (the BDA uses Vancouver referencing style)  |  |  |  |  |
| Is direct funding stated within the document? |  |  |  |  |
| Is the role of the dietitian highlighted?  |  |  |  |  |
| Have you included when to refer to a dietitian? |  |  |  |  |

# Section 3: Re-endorsement Only

|  |  |
| --- | --- |
| When did your current endorsement period run from-until? |  |
| Please outline how we can be assured that the content is current and evidence-based |   |
| Have you made changes to your learning event/document since previous endorsement? | [ ]  No [ ]  Yes |
| Please detail the changes you have made since previous endorsement was granted?  |  |
| Do you feel these changes are significant? | [ ]  No [ ]  Yes (if yes, please complete all relevant sections of the form as you would for new endorsement) |

# Section 4: Payment Details

The application fee will be invoiced on application of endorsement and is non-refundable. The endorsement fee will be invoiced when a learning activity is successfully endorsed.

|  |
| --- |
| Please select category:[ ]  BDA specialist group/branch or other AHP association (if specialist group, branch or other AHP association, please ignore invoice details)[ ]  Corporate member (please specify) [ ]  Affiliate member or partner (please specify) [ ]  Other (please specify)  |
| Name of organisation to be invoiced |  |
| Invoice address |  |
| Purchase Order NumberIf applicable |  |
| Invoice contact name |  |
| Invoice contact telephone number |  |

# Section 5: Checklist and Signatures

#

|  |  |
| --- | --- |
| Attached supporting paperwork of /document? | [ ]  |

I can confirm that I agree to the terms and conditions of endorsement (please see terms and conditions below).

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

Where did you hear about BDA endorsement?

[ ]  Dietetics Today [ ]  BDA website [ ]  Colleague

[ ]  Direct mailing [ ]  Other (please state)

**Please send completed form and paperwork to:**

edpd@bda.uk.com for document

Please note: We will update you on the progress of your application and contact you with any queries as we progress. Final decisions will be notified by email. Initial applications may take up to 6 weeks to process. Please retain a copy of this form and supporting paperwork for your records.

# Section 6: Terms and Conditions

## 6.1 Endorsement

6.11 The BDA accepts no responsibility for how the content of the product might be interpreted by individual(s).

6.12 The BDA reserves the right to refuse or remove endorsement in response to professional body or specialist group concerns. This may include endorsement by another organisation.

6.13 Products endorsed by the BDA must clearly state endorsement by the use of the BDA endorsement logo.

6.14 Endorsement lasts for a period of three years starting from the day that the endorsement was granted. Renewal costs will be required on an annual basis. Applicants will be expected to adhere to the timeframes as described in the document. If this is not followed, all references to BDA endorsement must be removed from the document.

6.15 The BDA reserves the right to withdraw endorsement if there are:

* Any significant changes to content
* Failure to disclose significant changes of the content to the BDA
* Misuse of BDA endorsement logo
* Concerns raised regarding the evidence base. A judgement will be taken only after full investigation.
* The content has been superseded by new clinical guidelines and is considered no longer safe or appropriate.

## 6.2 Fees

6.21 Fees will be payable upon invoice

6.22 Each application will be charged an application fee which is non-refundable.

6.23 An endorsement fee is charged if an application is successful, this is also non- refundable.

6.24 Costs are reviewed on an annual basis during the month of February and increased by at least the rate of inflation. Revised costs will commence on the 1 March each year.

## 6.3 Use of Endorsement Logo

6.31 The BDA requires that all successful applicants send the document that require the endorsement logo to the BDA for approval.

6.32 The BDA guidelines for logo usage must be followed at all times and the logo cannot be used without prior consent.

# Appendix 1

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments  |
| If nutrition borderline substances are mentioned (including Oral Nutrition Supplements), has the following been included: |  |  |  |
| * Optimise dietary nutritional intake through the food first approach
 |  |  |  |
| * When to deprescribe – oral nutrition support (which includes ONS) should be stopped when the patient is established on adequate oral intake from normal food or if a decision has been made to feed via another route, for example, enteral or parenteral nutrition (BDA, 2019)
 |  |  |  |
| * Oral nutrition supplements should not replace the provision of good food or nutritional care (including help with feeding and meal provision) in any setting (BDA, 2019)
 |  |  |  |
| * Patients receiving oral nutrition support should be monitored every three to six months or more frequently if there is a change in their clinical condition (NICE, 2006)
 |  |  |  |
| * Is the medicines formulary considered within the document?
 |  |  |  |
| If your target audience is for those under two, have you adequately promoted breastfeeding? |  |  |  |
| Please briefly support this |  |  |  |