King’s Health Partners

Education and Training enquiry form

Thank you for your interest in King’s Health Partners education and training opportunities. In order for us to explore your enquiry further and find the most suitable solution matching your needs, please provide the following information.

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| --- | --- |
| Company/Institution name | xxx |
| Company/Institution address | xxx |
| Primary contact person for this enquiry | Name: xxx  Position: xxx  Email: xxx  Telephone: xxx |
| Company/Institution size (staff and turnover) | xxx |
| Relevant medical specialties to your training requirement  Please select all relevant categories. | Acute Mental Health  Addictions  Allergy, Respiratory, Critical Care & Anaesthetics  Behavioural and Developmental Psychiatry  Cancer (Haematology)  Cardiovascular  Child & Adolescent Mental Health  Child Health  Clinical Neurosciences  Dental  Diabetes, Endocrinology, Nutrition, Obesity, Vision & Related Surgeries  Genetics, Rheumatology, Infection, Immunology & Dermatology  Imaging & Biomedical Engineering  Liver, Renal, Urology, Transplant, Gastro/Gastro-Intestinal Surgery  Medicine  Mental Health of Older Adults & Dementia  Orthopaedics, Trauma, Emergency ENT & Plastics  Palliative Care  Pharmaceutical Sciences  Psychological Medicine and Integrated Care  Psychosis  Women's Health  Health Leadership and Management  Other |
| When would you ideally like the programme to begin and what is the preferred programme duration? | xxx |
| How many participants will attend the programme? | xxx |
| What is the nationality of the participants? | xxx |
| What is the seniority level of the participants (i.e. trainees, consultants)? Please provide sample job titles. | xxx |
| Where would you like the programme to take place (i.e. your location, KHP London location or a third location)? | xxx |
| What are the main areas that you would like the training to cover? | xxx |
| What are the aims of the training (i.e. the learning you hope will be achieved by the participants)? | xxx |
| What are the desired learning outcomes (i.e. what you would like the participants to be able to do on completion of the programme)? | xxx |
| What kind of training are you looking for? Please select all relevant categories. | Theoretical  Practical  Combination of theory and practice |
| Are you looking for a generic training or one that is customised to reflect the culture, etiquette and traditions of your participants? | xxx |
| Would you like to include clinical visits as part of the training? If so, please provide details of the type of clinical visits you are interested in and specify the expected learning outcomes of such visits. | xxx |
| What will be the level of English fluency of the participants? Please note that it is the requirement that all participants speak English and achieve a minimum score of 7.0 in all categories of the International English Language Testing System (IELTS) and an overall score of at least 7.5. | xxx |
| Upon successful completion of the training, would you like participants to receive an individual KHP completion certificate specifying the type, length and content of the training? | Yes.  No, thank you. |
| Are participants hoping to gain professional development credits/points for purposes of APEL (Accreditation of Prior Experiential Learning[[1]](#footnote-1)) through completion of this programme?  If so, please provide details of the professional development framework. | xxx |
| Are participants hoping to gain academic credits/points for purposes of APCL (Accreditation of Prior Certified Learning[[2]](#footnote-2)) through completion of this programme? If so, please provide details of the professional development framework. | xxx |
| Will participants have to self-fund their place on the programme or will they be sponsored? | xxx |
| If participants require sponsorship, is this already in place? | xxx |
| What are your budget requirements? | xxx |
| Do any of your participants have any specific religious requirements? If so, please indicate what these requirements are. | xxx |
| Do any of your participants have a disability or medical condition that would need to be taken into consideration when developing your training? If so, please provide details. | xxx |
| Please provide any other information that you think may be helpful. | xxx |

Once completed, please forward the form to [**KHP-internationaleducation@kcl.ac.uk**](mailto:KHP-internationaleducation@kcl.ac.uk) **.**

1. APEL is the accreditation of prior experiential learning, that is, the award of credit for learning based on prior experience -- from work, community or volunteer experience -- which has not previously been assessed and/or awarded credit. [↑](#footnote-ref-1)
2. APCL is the recognition of learning that has already been achieved and is where learning which has previously been assessed and certificated is considered and as appropriate recognised again. [↑](#footnote-ref-2)