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**Pre-registration eating, drinking and swallowing competencies Community of Practice**

Please return to Kathleen Graham at [Kathleen.graham@rcslt.org](mailto:Kathleen.graham@rcslt.org) by **Friday 27th May 2022**

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| **Personal details** | | |
| Name |  | |
| Membership number  (if applicable) |  | |
| Telephone number |  | |
| Email address |  | |
| Job title and current employer | - | |
| **Please complete the information below to support the RCSLT to ensure a range of skills, knowledge and experience is represented across the project** | | |
| **Which of the following descriptions apply to you? (Please tick all that apply)** | | |
| Speech and language therapist | | Lecturer/ Member of HEI |
| Other: (please specify) | |  |

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| **Which sector(s) are you currently employed in? (Please tick all that apply)** | |
| NHS Trust | University or HEI |
| School / college | Early Years provider |
| Independent practice (sole trader) | Independent practice (more than one SLT) |
| Local authority | Justice |
| Private health service (e.g. BUPA) | Voluntary sector |
| Not for profit / third sector | Social enterprise / public sector mutual |
| Social care provider | Other – please specify: |
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| **Which age group(s) do you work with? (Please tick all that apply)** | |
| Paediatrics | Children and young people |
| Adults |  |

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| **In which of these clinical areas do you work? (Please tick all that apply)** | |
| Acquired motor speech disorders | Adult respiratory care |
| Aphasia | AAC |
| Autism | Brain injury |
| Critical care | Deafness |
| Dementia | Dysfluency |
| Dysphagia | Head and neck cancer |
| Learning disabilities | Mental health |
| Multi-sensory impairment | Progressive neurological disorders |
| Stroke | Visual impairment |
| Voice | Other: (please specify) |

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| **Which setting(s) do you work in? (Please tick all that apply)** | |
| Acute Setting | Patient / client's own home |
| Community health setting i.e. clinics | Private practice setting |
| Other hospital setting | Secure setting |
| School – mainstream | School – special |
| School – specialist units or resource base | Further education college |
| Children's centre / early years setting | Day centres |
| University or HEI | Other – please specify: |

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| **Where do you work? (Please tick)** | |
| England | Wales |
| Scotland | Northern Ireland |

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| **Do you have any experience in the following? (Please tick)** | |
| Experience of being on a steering group / working group / community of practice | Development of guidance/resources, competency frameworks, or standards |

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| **Are you a member of any professional networks (e.g. CENs, ASLTIP)?** | |
| Yes | No |
| If yes, please list which ones you are a member of: | |
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**SUPPORTING STATEMENT (max. 250 words)**

Please provide any additional information that you think is relevant to your application below. *(For example, extent of involvement in simulation or pre-registration EDS competencies or anything not covered above which you think we should know including awareness of evidence base).*

Please return your completed form to [Kathleen.graham@rcslt.org](mailto:Kathleen.graham@rcslt.org) upon completion.