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

Please return to Kathleen Graham at 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 upon completion.