BAHT Advanced Clinical Practise Network

Completion of this form enables the BAHT Education Subcommittee to ensure that you are informed of future opportunities and developments occurring within the Network. We greatly value the input provided by all members of the Network - this form is predominantly a formality, but does ensure your preferences are accurately recorded for future communication. Having an improved understanding of the knowledge base and experience of network members will also help to facilitate more effective networking in future. Please return completed forms to [baht.apnetwork@gmail.com](mailto:baht.apnetwork@gmail.com). Thank you.

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| **Name** |
| **Relevant knowledge and skills** (max 150 words) |
| **Relevant clinical experience** (max 150 words) |
| **Please highlight or underline the relevant topics below:** |
| **Area of interest: Development of ACP Standards**  **Development of Clinical Standards**  **Peer Support and skill sharing/development**  **All of the above** |
| **BAHT membership number:** |