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|  | Registered Scientist (RSci)Application Form |  |

**PLEASE READ ‘GUIDANCE FOR APPLICANTS’ BEFORE COMPLETING THIS FORM IN BLOCK CAPITALS**

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| First Names: |  | | Surname: |  |
| Title: |
| Gender: | Male | Female | Date of Birth: |  |
| Fees | Registered Scientist fees £28.25  Call to make payment by credit or debit card | | | |

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| IBMS Membership Grade |  | IBMS Membership Number (if known) |  |

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| Home Address | | Employment Address | |
| Address Line 1 |  | Job Title |  |
| Address Line 2 |  | Company/Hospital |  |
| Address Line 3 |  | Address Line 1 |  |
| Town |  | Town |  |
| County |  | County |  |
| Postcode |  | Postcode |  |
| Country |  | Country |  |
| Telephone Number |  | Telephone Number |  |
| Email |  | Email |  |

**PLEASE INDICATE WHICH QUALIFICATIONS YOU HOLD AND INCLUDE A COPY OF YOUR CERTIFICATE(S) WITH YOUR APPLICATION**

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|  | IBMS Certificate of Achievement Part 2 21or | Foundation Degree | BTEC/HND | Bachelor’s Degree | Other Qualification |
| Awarding Institution |  |  |  |  |  |
| Subject(s) |  |  |  |  |  |
| Grade (if applicable) |  |  |  |  |  |
| Year |  |  |  |  |  |

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| Membership of Other Professional Bodies: |  |

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| PERSONAL STATEMENT PLEASE EVIDENCE HOW YOU MEET EACH OF THE FIFTEEN ASPECTS OF PROFESSIONAL PRACTICE (A1 TO E2) |
| Application of knowledge and understanding  A1: Apply extended knowledge of underlying concepts and principles associated with area of work.  A2: Review, evaluate and apply underlying scientific concepts, principles, and techniques in the context of new and different areas of work.  A3: Analyse, interpret, and evaluate data, concepts, and ideas to propose solutions to problems.  Personal Responsibility  B1: Work autonomously while knowing when to escalate appropriately and recognising limits of scope of practice.  B2: Take responsibility for safe and sustainable working practices and contribute to their evaluation and improvement.  B3: Take responsibility for the quality of your work and also enable others to work to high standards.  Interpersonal Skills  C1: Demonstrate effective and appropriate communication skills  C2: Demonstrate interpersonal and behavioural skills  C3: Demonstrate productive working relationships and an ability to resolve problems  Professional Practice  D1: Identify, review, and select scientific techniques, procedures, and methods to undertake tasks.  D2: Contribute to the organisation of tasks and resources  D3: Participate in the design, development, and implementation of solutions.  D4: Contribute to continuous process improvement  Professional Standards  E1: Comply with and promote relevant codes of conduct and practice.  E2: Maintain and enhance competence in own area of practice through professional development activity. |

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| **CONTINUING PROFESSIONAL DEVELOPMENT (see guidance for applicants)** | |
| A chronological list of two years CPD is enclosed. |  |
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| **SUPPORTER** | | | | | | | | | |
| As the applicant’s supporter you must be familiar with their work and will be a senior colleague, usually a line manager or supervisor.  Wherever possible supporters should hold membership of a professional body and professional registration where it exists.  I, the undersigned, support this application and consider that the applicant has the required professional experience and qualifications to be a Registered Scientist. I have signed copies of certificates to indicate that I have seen the originals. I have read their personal statement and confirm that the applicant operates at the level commensurate with a Registered Scientist and meets the RSci standards  In providing IBMS with the information requested you are consenting to its use as indicated in the  IBMS Privacy Notice. Further information can be found on the IBMS website at <https://www.ibms.org/privacy/> | | | | | | | | | |
| Sign: |  | | | |  | IBMS membership number | |  |  |
| Print Name: | |  | | |  | Date: |  | |  |
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| **APPLICANT’S UNDERTAKING** | | | | | | | | | | | |
| I wish to apply for registration as a Registered Scientist. I have enclosed my personal statement. I declare that the information I have given with this application is, to the best of my knowledge accurate and true. In providing IBMS with the information requested you are consenting to its use as indicated in the IBMS Privacy Notice. Further information can be found on the IBMS website at <https://www.ibms.org/privacy-notice/> | | | | | | | | | | | |
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| Sign: |  | | | | |  | IBMS Membership Number: | | |  |  |
| Print Name: | | |  | | |  | Date: | |  | |  |
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| **DATA PROTECTION** | |
| If your application is successful, the Institute of Biomedical Science will transfer the information submitted to The Science Council register. The publicly available register will include your name, Licensed Body and Registered Scientist number. The Science Council may wish to use the information you supply in order to communicate directly with registrants. Registered Scientists have the right to access the personal data held on them by The Science Council. The Science Council may, from time to time, execute mailings on behalf of suppliers of goods and services considered to be relevant to professional interests. | |
| If you wish to receive such information, please tick this box |  |
| Tick this box if you do not wish your name to appear on the Science Council Public Register |  |

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| **RETURN EMAIL ADDRESS** |
| Email Christian Burt Professional Support Services Manager christianburt@ibms.org |