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|  | Chartered Scientist RegistrationApplication Form |  |

**PLEASE READ ‘GUIDANCE FOR APPLICANTS’ BEFORE COMPLETING THIS FORM IN BLOCK CAPITALS AND INDICATE THE CHOSEN PAYMENT METHOD FOR THE CSci FEES**

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| First Names: |  | | Surname: |  |
| Title: |  | | Suffix: |  |
| Gender: | Male | Female | Date of Birth: |  |

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| IBMS Membership Grade |  | IBMS Membership Number |  |
| Fees | £28.25 (Fellows)  £56.50 (Members)  If successful, we will call to make payment by credit or debit card | | |

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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 |  |

**COPIES OF CERTIFICATES MAY BE REQUIRED TO BE SENT WITH THIS APPLICATION**

**(See *Guidance on Completing an Application for Chartered Scientist Registration*)**

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| Level | Honours | Masters | IBMS Higher Specialist Diploma | Doctoral | Other Higher Qualification |
| Institution |  |  |  |  |  |
| Qualification |  |  |  |  |  |
| Subject |  |  |  |  |  |
| Class |  |  |  |  |  |
| Year |  |  |  |  |  |

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| **APPLICANTS PERSONAL STATEMENT**  **(PLEASE EVIDENCE, WITH EXAMPLES, HOW YOU MEET EACH OF THE FIFTEEN COMPETENCES - IT IS ESSENTIAL TO REFER TO THE GUIDANCE FOR APPLICANTS)** |
| **A: Application of knowledge & understanding**  A1: Demonstrate how you use knowledge, experience, skills and broader scientific understanding to optimise the application of existing and emerging science and technology.  A2: Exercise sound judgement and understand principles of uncertainty in complex and unpredictable situations.  A3: Demonstrate critical evaluation of relevant scientific information and concepts to propose solutions to problems.  **B: Personal responsibility**  B1: Work autonomously and take responsibility for the work of self and others  B2: Promote, implement and take responsibility for robust policies and protocols relating to health, safety and sustainability.  B3: Promote and ensure compliance with all relevant regulatory requirements and quality standards.  B4: Oversee the implementation of solutions and demonstrate an understanding of potential and actual impacts of your work on your organisation, on the profession and on the wider community.  **C: Interpersonal skills**  C1: Demonstrate the ability to communicate effectively with specialist and non-specialist audiences.  C2: Demonstrate effective leadership through the ability to guide, influence, inspire and empathise with others.  C3: Demonstrate the ability to mediate, develop and maintain positive working relationships.  **D: Professional practice**  D1: Demonstrate how you scope and plan and manage projects  D2: Demonstrate the achievement of desired outcomes with the effective management of resources and risks.  D3: Take responsibility for continuous improvement within a scientific or technical environment  **E: Professionalism**  E1: Comply with and promote relevant codes of conduct and practice.  E2: Demonstrate a commitment to professional development through continuing advancement of your own knowledge, understanding and competence. |

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| **CONTINUING PROFESSIONAL DEVELOPMENT** | |
| * I have enclosed a chronological list of CPD activity for the last 2 years with appropriate supporting evidence |  |
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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 Chartered. 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 Chartered Scientist and meets the CSci 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-notice/> | | | | | | | | | |
| Sign: |  | | | |  | IBMS membership number | |  |  |
| Print Name: | |  | | |  | Date: |  | |  |
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| **APPLICANT’S UNDERTAKING** | | | | | | | | | | | |
| I wish to apply for registration as a Chartered 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. | | | | | | | | | | | |
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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 Chartered Scientist number. The Science Council may wish to use the information you supply in order to communicate directly with registrants. Chartered 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 the Professional Support Services Manager christianburt@ibms.org |