

**APPLICATION FOR IBMS TRAINING PORTFOLIO FOR THE CERTIFICATE OF ACHIEVEMENT PART I & II**

The laboratory manager or training officer is responsible for placing the order. Please complete the application form in full and submit via email to [supportstaff@ibms.org](mailto:supportstaff@ibms.org).

**Please indicate which portfolio the application is for:**

|  |  |  |  |
| --- | --- | --- | --- |
| Part I |  | Part II |  |

**IBMS DOCUMENT CHECKLIST** (Please tick to confirm the following has been checked/included):

|  |  |
| --- | --- |
|  | The laboratory where the training will take place is approved by the Institute of Biomedical Science for support staff training. |
|  | Payment must be made via one of the following methods:  Card Payment (details of how to make a payment by card will be provided once the application has been screened).  Cheque (must be attached to this form or the application will be returned if sent by post).  Purchase Order - a separate document detailing the following information (quoting the Purchase Order number alone is insufficient):   * Purchase Order number * Order details * Invoice addresses (postal and email)   Mary Macdonald Bursary - Mary Macdonald Bursary application must be submitted along with this application. The bursary is awarded on an annual basis. |

**For Part II applications please note the following:**

|  |  |
| --- | --- |
|  | Candidate applying for Part II must be a current IBMS member (Associate membership is suitable).  **Please note that current, paid membership must be maintained for the duration of this qualification.** |
|  | If Part I has not been completed please include evidence of level 3 (Scotland level 6) qualifications in a relevant subject. |
|  | If Part I has not been completed please also include a statement outlining the candidate’s scope of practice for evaluation. |

**Candidate Details**

|  |  |  |  |
| --- | --- | --- | --- |
| IBMS Number: |  | Title: |  |
| Forename(s): |  | Surname: |  |
| Maiden Name: |  | Date of Birth: |  |
| Nationality: |  | Telephone No: |  |
| Email Address: |  | | |
| Home Address: |  | | |
|  | Postcode: |  |

**Laboratory Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Laboratory Name: |  | | |
| UKAS Ref: |  | | |
| Hospital: |  | | |
| Trust/Health Board: |  | | |
| Laboratory Address: |  | | |
|  | Postcode: |  |

## Training Officer Details

The Institute defines a training officer for the purposes of completing the portfolio, as the individual whose responsibility it is to ensure that the delivery of training, assessment of competence, and verification of knowledge and skill against each individual statement is signed off.

|  |  |  |  |
| --- | --- | --- | --- |
| IBMS No: |  | Title: |  |
| Forename(s): |  | Surname: |  |
| HCPC No: |  | Telephone No: |  |
| Email Address: |  | | |

## Laboratory Manager Details

|  |  |  |  |
| --- | --- | --- | --- |
| IBMS No: |  | Title: |  |
| Forename(s): |  | Surname: |  |
| HCPC No: |  | Telephone No: |  |
| Email Address: |  | | |

**Declarations**

**Candidate Declaration:** This declaration must be signed by the candidate as detailed above.

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Signature: | | Date: |

**Training Officer/Laboratory Manager Declaration:** This declaration must be signed by the training officer or laboratory manager as detailed above.

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Signature: | | Date: |

**Payment Details**

Trainee portfolios are priced at **£158** (this includes portfolio and administration fees).

**Card Payment:** We will email you with details of how to make a payment by card once the application is approved.

|  |  |
| --- | --- |
| Card payment to be made for: | £158 trainee copy  £73 swap copy |

**Cheque****:** Cheques should be made payable to ‘IBMS’ and please be advised that there may be a delay in processing time.

|  |  |
| --- | --- |
| Cheque enclosed for: | £158 trainee copy  £73 swap copy |

**Purchase Order: An official Purchase Order document must be provided for an invoice to be raised**. If this is not provided, then the application will be returned. If the Purchase Order has already been submitted separately, then the order number must be clearly stated below to enable it to be matched up with the application.

**NB: The Purchase Order must be addressed to the IBMS only (not IBMS Professional Services Ltd).**

|  |  |
| --- | --- |
| Purchase Order number: |  |
| Purchase Order for: | £158 trainee copy  £73 swap copy |

**Mary Macdonald Bursary Applicants ONLY:**

|  |  |
| --- | --- |
| For applicants applying for the Mary Macdonald Bursary: | £158 trainee copy |

**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/**](https://www.ibms.org/privacy-notice/)