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**Application Form for the**

**Certificate of Competence by Equivalence (Biomedical Scientist)**

**Introduction**

Applicants for theIBMS Certificate of Competence by Equivalence (Biomedical Scientist) need to make an informed decision whether to apply for admittance to this programme. You should be confident that your existing qualifications and professional experience to date will provide appropriate evidence to demonstrate that you meet all the HCPC standards of proficiency for biomedical scientists (updated in 2022 and implemented from 1st September 2023).

It is essential that before applying for this equivalence route both the applicant and mentor read the information provided in the following documents (NB: these are still applicable for 2025, even though they state 2023-2024):

* Programme Specification 2023-2024
* Programme Handbook 2023-2024
* Module Information 2023-2024
* Guidance for Candidates 2023-2024
* Guidance for Mentors 2023-2024

Both applicant and mentor will be required to sign a declaration in the application form to confirm that they have *read and understood the requirements* for completion of theIBMS Certificate of Competence by Equivalence (Biomedical Scientist) detailed in these programme documents.

The applicant must be able to evidence a relevant BSc honours degree, plus a sustained level of practice that maps to the standards of proficiency for biomedical scientists. They will subsequently provide examples of this knowledge, understanding and practice as evidence in their portfolio.

It is very important to understand the admittance criteria and note that this route is based predominately on prior learning and training that has been completed before the application is made. Any supplementary training that is required to provide the candidate with the knowledge and experience necessary to meet the biomedical scientist standards of proficiencymust take place in a laboratory which holds IBMS approval for pre-registration training.

As an education provider, approved by the HCPC to deliver 4 routes to registration as a biomedical scientist, the IBMS is required under the HCPC Standards of Education and Training section 2.4 to ask about criminal convictions as part of the admission to its approved programmes of study. To fulfil this requirement the applicant must undertake a basic DBS check as part of the application and admission process for the IBMS Registration Portfolio and IBMS Certificate of Competence by Equivalence (Biomedical Scientist) programmes.

When the basic DBS check has been completed, the applicant must confirm that this has been done as part of the self-declaration statement on the next page.

**Applicant Support**

At the time of application candidates must confirm they have access to a named mentor who is a HCPC registered biomedical scientist and who has experience of training candidates to successfully complete the IBMS Registration Training portfolio and/or end point verification as an external verifier. The mentor is expected to confirm their understanding of the programme and ability to support the candidate. The mentor will guide the candidate to provide relevant information in the description of their role and the environment in which they have gained experience, to satisfy the IBMS criteria for entry to the programme. In addition, they willsupport the candidate, if accepted onto the programme, to obtain any additional practical training and experience to facilitate the production of appropriate evidence.

If you do not have access to a mentor, please contact the IBMS [equivalence@ibms.org](mailto:equivalence@ibms.org) before completing this form.

The applicant’s line manager is required to sign a declaration in the application form to confirm that they agree to support the welfare and wellbeing of candidates in the completion of IBMS Certificate of Competence by Equivalence (Biomedical Scientist) programme.

This form should be completed in line with the published guidance *Certificate of Competence by Equivalence (Biomedical Scientist) – Guidance for Candidates 2023-2024*.

**Documentation Checklist**

All applications must include the following:

|  |  |
| --- | --- |
|  | Completed application form |
|  | Completed Portfolio Development Plan |
|  | Assessment fee **(£374)**. Please note all applications will incur a £50 administration fee on submission for screening. This will be deducted from the assessment fee if the application is accepted. |
|  | Tick to confirm that a basic Disclosure and Barring Service (DBS) check has been completed, and the results have been shared with your employer. Please note that you are not required to provide a copy of the certificate with your application, but if you have any criminal convictions that are not covered by it then you should declare them as well. |
|  | Description of current role to confirm the candidate is working at a minimum of honours degree level and at a level commensurate with a practicing biomedical scientist, and has the ability to demonstrate they can evidence the requirements of IBMS Certificate of Competence by Equivalence Portfolio (Biomedical Scientist). |
|  | Confirmation of access to a laboratory approved by the IBMS for pre-registration training. |
|  | Proof of ID (copy of passport or government-issued photo ID, e.g. driving licence) |
|  | Photocopy of change of name document (if relevant) |
|  | Photocopy of qualification certificate(s) and transcript(s) |
|  | Photocopy of UK ENIC statement of comparability for any non-UK qualification(s) |
|  | Evidence of English language (IELTS level 7), if English not first language |

**Personal Details of Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | DOB |  |
| Nationality |  | IBMS No  (if applicable) |  |
| Specialty |  | HCPC No  (if applicable) |  |
| Email Address |  | Telephone No |  |
| Home Address |  | | |
|  | Postcode |  |

**Qualification Details of Applicant**

A minimum of an honours degree is required. You must include a copy of your qualification certificate(s).

|  |  |  |
| --- | --- | --- |
| Title of Degree Programme | Name of University | Year of Graduation |
|  |  |  |
|  |  |  |
|  |  |  |

**Current Employer of Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title |  | Start Date |  |
| Organisation/Hospital |  | Department |  |
| Address |  | | |
|  | Postcode |  |

**Employment History of Applicant**

Please complete for the past 3 years (additional boxes may be added if required)

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title |  | Date (to-from) |  |
| Organisation/Hospital |  | Department |  |
| Address |  | | |
|  | Postcode |  |
| Job Title |  | Date (to-from) |  |
| Organisation/Hospital |  | Department |  |
| Address |  | | |
|  | Postcode |  |

**Training Support Requirements for Admittance to the Certificate of Competence by Equivalence**

As the applicant, I confirm that I have access to the training support summarised in the table below:

|  |  |  |
| --- | --- | --- |
| **Training Support Requirements for Admittance to the Certificate of Competence by Equivalence** | **Y** | **N** |
| A structured training programme for developing honours degree level knowledge and skills in the required discipline. |  |  |
| A nominated HCPC registered training officer/mentor. |  |  |
| Adequate resources are available to support my training (e.g. current textbooks and journals, IT facilities for research studies: internet, programmes to support statistical analysis) |  |  |
| I have access to a range of techniques employed in the discipline to develop knowledge of the standards expected from:   * the techniques * the evidence base that underpins the use of the procedures, * the applications of the specialty * the consequences of decisions made upon actions and advice. |  |  |
| **Please confirm that you will be supported to develop your knowledge and ability to perform the following as part of your role:** | **Y** | **N** |
| * supervise others as appropriate to areas of practice |  |  |
| * responding to enquiries regarding the service provided when dealing with clinical colleagues |  |  |
| * communicating with patients, carers and relatives, the public and other healthcare professionals as appropriate |  |  |
| * communicating the outcome of problem solving and research and development activities |  |  |

**Applicant Declarations**

|  |  |
| --- | --- |
| I understand that failure to disclose full information or any deliberate misrepresentation of information can be a serious matter and will invalidate my application. I understand the need for criminal conviction assessment (a basic DBS check), and to the best of my knowledge, there is no barrier to prevent me from being eligible to register once I have met the HCPC standards of proficiency. ***Please note: If you think there might be something which could affect your eligibility, please seek advice from the HCPC at this point.*** | |
| **Applicant’s Signature:** |  |
| **Date:** |  |

If an applicant subsequently gains registration through the Health and Care Professions Council on the basis of incorrect information, they may face disciplinary action and / or removal from the register. The onus for ensuring the full and accurate disclosure of information rests with the applicant at the point of registration.

The following document provides guidance on the HCPC processes when assessing the health and character of people who apply to, or who are on, their Register:

<https://www.hcpc-uk.org/resources/guidance/guidance-on-health-and-character/>

The declaration statements below must also be completed by the applicant:

|  |  |
| --- | --- |
|  | I declare that I have read and understood the updated HCPC standards of proficiency for biomedical scientists. |
|  | I declare that I have read and understand the implications of the HCPC’s current standards of conduct, performance and ethics (updated to be implemented on 1st September 2024) and how they apply to my practice. |
|  | I declare that I have read the following programme information and understand the evidence requirements of completion of the Equivalence Portfolio.   * Programme Specification * Programme Handbook * Module Information * Guidance for Candidates |
|  | I declare that I do not have any physical or mental health condition that would impair my fitness to practice as a Biomedical Scientist. |
|  | I declare that the information given on this form and all attached documents is true and accurate. |
|  | I understand that failure to disclose full information or any deliberate misrepresentation of information can be a serious matter and will invalidate my application for the equivalence route and may also affect my ability to register with the HCPC as a biomedical scientist. |
|  | I consent to any information in this application, including any sensitive personal data, being processed by the IBMS.  *As part of your application for the Certificate of Competence by Equivalence (Biomedical Scientist) your data (including any sensitive personal data) is held by The Institute of Biomedical Science (IBMS). The IBMS will hold this data on a secure database for the purpose of maintaining an accurate record of application. If you have any questions, comments and requests regarding our data processing practices, please contact us at* [*equivalence@ibms.org*](mailto:equivalence@ibms.org) |

|  |  |
| --- | --- |
| **Applicant’s Signature:** |  |
| **Date:** |  |

**Applicant Mentor Details**

The mentor detailed below is HCPC registered as a biomedical scientist and has experience of producing evidence for the Registration Training Portfolio (either during their route to registration or supervising completion of the portfolio by a trainee) or as an IBMS External Verifier. By agreeing to be a mentor, the individual confirms their ability to support the candidate in completing their portfolio for the Certificate of Competence by Equivalence (Biomedical Scientist) and to providing, or arranging, any supplementary training that may be required.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | IBMS No  (if applicable) |  |
| HCPC no. |  | Telephone No |  |
| Email Address |  | | |
| Work Address |  | | |
|  | Postcode |  |

**Mentor Declaration**

The declaration statements below must be completed by the mentor proposed in the section above:

|  |  |
| --- | --- |
|  | I declare that I have read the following documents, and I am able to provide the required support for the applicant:   * Programme handbook * Module Information * Guidance for Candidates * Guidance for Mentors |
|  | I declare that I have experience of training individuals for completion of the IBMS Registration Training Portfolio and/or end point verification as an external verifier. |
|  | I agree to mentor the applicant in the completion of the IBMS Certificate of Competence by Equivalence (Biomedical Scientist) and am willing to facilitate the necessary training and support required by the candidate. |
| **Mentor’s Signature** |  |
| **Date:** |  |

**Mentor Confirmation of the Suitable Laboratory Environment and Training Support Required for the Certificate of Competence by Equivalence (Biomedical Scientist) Applicant**

Please indicate below if the training laboratory is compliant or not, with the following. Please refer to <https://www.ibms.org/resources/documents/ibms-laboratory-training-standards/> for further description.

|  |  |  |
| --- | --- | --- |
| **Overall Standards** | **Standard Met** | **Standard Not Met** |
| Environment, Facilities and Equipment (Standard 2.1) |  |  |
| Health and Safety (Standards 2.2) |  |  |
| Workload and Staffing (Standards 2.3) |  |  |
| Quality (Standards 2.4) |  |  |
| Education and Training (Standards 2.5) |  |  |
| Documentation (Standards 2.6) |  |  |

|  |  |  |
| --- | --- | --- |
| **Specific Requirements** | **Y** | **N** |
| Do you have a structured Training Programme? |  |  |
| Does each candidate have a nominated HCPC registered training officer/mentor? |  |  |
| Does each candidate receive an induction? |  |  |
| Do you have access to current textbooks and journals? |  |  |
| Do the candidates have access to a quiet area for study? |  |  |
| Do the candidates have access to a PC with internet access? |  |  |
| Does the Department have established training practices? |  |  |
| Does the Department have effective Health & Safety training? |  |  |
| Does the Department have training logs for all equipment used by the candidate? |  |  |

**Declaration:**

|  |  |
| --- | --- |
|  | I declare that I have read and understood the updated HCPC Standards of Proficiency for Biomedical Scientists and can confirm that the named applicant is working at this level and is able to meet these standards |
|  | I declare that I have read and understood the IBMS Clinical Laboratory Standards |
|  | I declare I have read and understood the guidance for Certificate of Competence by Equivalence (Biomedical Scientist) and can confirm the applicant will received the necessary support and training. |
|  | I declare that the information given on this form and all attached documents is true and accurate |

|  |  |
| --- | --- |
| **Mentor’s Signature:** |  |
| **Date:** |  |

**Line Manager Details**

The applicant’s line manager who has agreed to support the application for the IBMS Certificate of Competence Equivalence Route (Biomedical Scientist) should sign the declaration below to confirm that they will support the welfare and wellbeing of the applicant throughout the time they are completing the equivalence route portfolio.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | IBMS no.  (if applicable) |  |
| HCPC no.  (if applicable) |  | Telephone No |  |
| Email Address |  | | |
| Work Address |  | | |
|  | Postcode |  |

**Line Manager Declaration**

The declaration statements below must be completed by the line manager proposed in the section above:

|  |  |
| --- | --- |
|  | I agree to support the welfare and wellbeing of the applicant in the completion of IBMS Certificate of Competence Equivalence Route (Biomedical Scientist) |
| **Line Manager’s Signature** |  |
| **Date:** |  |

**Payment Details**

|  |  |  |
| --- | --- | --- |
| Card Payment |  | We will email you with details of how to make a payment by card once the application has been processed. |
| Cheque enclosed (for initial £50 administration fee) |  | Cheques should be made payable to ‘IBMS’. |
| Purchase Order enclosed (either for initial £50 administration fee, or full £374 assessment fee) |  | **A separate Purchase Order must be provided for an invoice to be raised**. If a Purchase Order is not provided, then the order form will be returned. \* |

\*Please note that if we receive a Purchase Order independently of an order form, we will be unable to match it with any subsequent order form unless the Purchase Order number is stated clearly below.

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

|  |  |
| --- | --- |
| Purchase Order number: |  |

**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/)