

Application for the Record of Laboratory Training

for the Digital Specialist Diploma

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

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

|  |  |
| --- | --- |
|  | Candidate is registered with the Health and Care Professions Council (HCPC) as a biomedical scientist. |
|  | Candidate must have current membership of the Institute of Biomedical Science in the Licentiate, Member, or Fellow grade. Associate members are not eligible.  **Please note that current, paid membership at Licentiate, Member, or Fellow grade must be maintained for the duration of this qualification.** |
|  | The laboratory where the training will take place is approved by the Institute of Biomedical Science for post-registration training in the relevant discipline. |
|  | 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) |

**Candidate Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IBMS Number: |  | Title: | |  |
| Forename(s): |  | | | |
| Surname: |  | Date of Birth: | |  |
| HCPC Number: |  | Telephone No: | |  |
| E-mail Address: |  | | | |
| Home Address: |  | | | |
|  | | Postcode: |  |

**Training Laboratory Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Laboratory Name: |  | | |
| UKAS Ref: |  | | |
| Hospital: |  | | |
| NHS Trust: |  | | |
| Laboratory Address: |  | | |
|  | Postcode: |  |

**Secondment Laboratory Details (if applicable):** - Please add additional sites where necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Laboratory Name: |  | | |
| UKAS Ref: |  | | |
| Hospital: |  | | |
| NHS Trust: |  | | |
| Laboratory Address: |  | | |
|  | Postcode: |  |

**Training Officer Details**

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

If a secondment is taking place, then please also provide the host training officer details and note ‘secondment’ in the comments box.

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

**Laboratory Manager Details**

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

**Specialist Portfolio Discipline**

**☑** PLEASE SELECT THE RELEVANT DISCIPLINE (double-click box and select ‘checked’).

|  |  |  |  |
| --- | --- | --- | --- |
| Andrology |  | Blood Transfusion Practice |  |
| Clinical Biochemistry |  | Clinical Immunology |  |
| Haematology / Haematology with Transfusion Practice **(Please delete as applicable)** | | |  |
| Diagnostic Cytopathology. Is the optional Synovial Fluids module required? **YES/NO**  **(Please delete as applicable to complete the application for this discipline)** | | |  |
| Cervical Cytology |  | Histocompatibility & Immunogenetics **(version 4 only)** |  |
| Medical Microbiology |  | Virology |  |
| Point of Care Testing (POCT) |  | Rapid On-Site Evaluation (ROSE) Module |  |

**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 **£179** (this includes portfolio, examination, 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: | £179 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: | £179 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: | £179 trainee copy  £73 swap 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/)