

**Application Form**

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

**Introduction**

Applicants for theIBMS Certificate of Competence by Equivalence (Biomedical Scientist) must be able to make an informed decision whether to apply for admittance to this programme. You should be confident that your academic qualifications and professional experience are appropriate to demonstrate that you meet all the HCPC standards of proficiency for biomedical scientists.

It is therefore essential that before applying for this programme both the applicant and mentor read the following documents that are available on the IBMS website:

**Key IBMS Certificate of Competence by Equivalence Documents**

* Portfolio Guidance
* Module Descriptors
* Application Form
* Personal Development Plan
* Guidance for Candidates and Mentors
* OneFile User Guides
* Frequently Asked Questions

Both applicant and mentor will be required to sign the declarations in the application form to confirm they have *read and understood the requirements* for completion of theIBMS Certificate of Competence by Equivalence (Biomedical Scientist) detailed in the guidance documents listed above.

The applicant must be able to evidence their successful completion of a relevant honours degree and that their practice clearly demonstrates the HCPC standards of proficiency for biomedical scientists, through their portfolio of evidence. 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 pre-registration laboratory training approval.

**Guidance for Submitting your Application**

* Name each supporting document with a short file name to describe which document it is (e.g. Application Form, BSc certificate, Applicant ID, Portfolio Development Plan etc).
* Submit all documents as separate PDF files *(if emailing your application, you may wish to send the attachments as a zip folder or alternatively through a file sharing site particularly if your application file sizes are larger)*.
* Do not include any documents not listed in the application documentation table below. Should anything further be required we will contact you.

**You must complete the tables on pages 3 to 8 of this application form document and send the completed application form to** **equivalence@ibms.org** **with all the supporting documentation listed on page 2.**

**Candidate Support**

At the point 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 has conducted verifications as an external verifier. The mentor is expected to confirm their understanding of this route to registration and their ability to support the candidate. Specifically, the mentor will guide the candidate to provide relevant information in the description of their current and previous laboratory-based roles and the environment in which they have gained experience, to satisfy the IBMS criteria for entry to the programme. The mentor will also provide guidance to support the candidate in demonstrating how their roles and experience are relevant to HCPC registration and*,* if accepted on to the programme, to support the candidate in obtaining any additional practical training and experience to facilitate the production of appropriate evidence for the portfolio.

If you do not have access to a mentor as described above, please contact the IBMS via equivalence@ibms.org before completing this form.

The candidate’s line manager is also required to sign a declaration in the application form to agree to support the welfare and wellbeing of the candidate during the completion of the IBMS Certificate of Competence by Equivalence (Biomedical Scientist) route.

**Application Documentation**

All applications should include the following:

|  |  |
| --- | --- |
| **Application form** | Signed with a wet or electronic signature (not typed) |
| **Assessment fee** **(£390)** | 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. |
| **Confirmation that a recent basic Disclosure and Barring Services (DBS) check (or equivalent in Scotland) has been completed and reviewed by your mentor. *(Please note if you have any criminal convictions outside of the UK that are not covered by this you should declare them)*** | Please **do not** submit your DBS document to us, simply sign the application declaration to declare this has been completed. |
| **Description of current role and other relevant experience of autonomous practice** | This will enable our reviewers to determine if you can be admitted to this route to registration. Autonomous practice must be evidenced clearly. |
| **Proof of ID** | Passport photo page or driving licence  |
| **Qualification certificate(s) and transcripts** | All completed academic qualifications |
| **Photocopy of change of name document** | If applicable |
| **Evidence of English language proficiency** | If English is not your first language, see <https://www.hcpc-uk.org/registration/getting-on-the-register/international-applications/how-to-apply/english-language-proficiency/>  |
| **UK ENIC statement of comparability** | For all non-UK academic qualification(s) |
| **Confirmation of access to a laboratory approved by the IBMS for pre-registration training** | The laboratory details should be completed on the application form under the appropriate sections. |
| **Portfolio Development Plan** | This will summarise how you plan to demonstrate the HCPC Standards of Proficiency. Please do not cut and paste from the Guidance documents. The wording should be unique to the applicant and their work in the laboratory. |

**Personal Details of Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |       | Title |       |
| Forename |       | DOB |       |
| Nationality |       | IBMS No (if applicable) |       |
| Clinical Specialism  |       |  |  |
| Email address |       | Telephone No |       |
| Home address |       |
|       | Postcode |       |

**Academic Qualifications 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 Employment Role of Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title |       | Start Date |       |
| Organisation/Hospital |       | Department  |       |
| Address |       |
|       | Postcode |       |
| This lab holds current IBMS pre-registration training approval | Yes/No (delete as applicable) |

**Employment History of Applicant**

Please complete any other relevant roles held within 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 |       |

Please indicate below if your working environment is / has been compliant or not, with the following areas, required for IBMS laboratory training approval. More information can be found on the IBMS website: [Laboratory Training Approval](https://www.ibms.org/qualifications/laboratory-training-approval.html?_gl=1*mzaqaq*_up*MQ..*_ga*MTY5NTIzMzg2Ny4xNzU1MTUzODU0*_ga_T45DN47XW6*czE3NTUxODAzMDYkbzIkZzEkdDE3NTUxODAzMTAkajU2JGwwJGgw*_ga_L7LGEKCBYL*czE3NTUxODAzMDYkbzIkZzEkdDE3NTUxODAzMTAkajU2JGwwJGgw)

|  |  |  |
| --- | --- | --- |
| **Policy / Document** | **Location** | **Confirmation** |
| **Y** | **N** |
| Induction Policy (Organisation / local)  |  | [ ]  | [ ]  |
| Equality, Diversity and Inclusion |  | [ ]  | [ ]  |
| Health and Safety  |  | [ ]  | [ ]  |
| IBMS Approved Training Programme |  | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| **Specific Requirements for this Route to Registration** | **Y** | **N** |
| A structured personal development plan for developing your knowledge, understanding and laboratory competencies in your discipline. | [ ]  | [ ]  |
| A nominated HCPC registered biomedical scientist mentor. | [ ]  | [ ]  |
| Use of adequate resources to support your training (e.g. current textbooks and journals, IT facilities for research studies, programmes to support statistical analysis) | [ ]  | [ ]  |
| Access to a range of techniques employed in the discipline to develop knowledge of the standards expected from:* the laboratory-based techniques
* the evidence base that underpins the use of the procedures,
* the applications of the techniques to the specialty
* the consequences of decisions made upon actions and advice.
 | [ ]  | [ ]  |
| **Have you been supported to develop your knowledge and competencies to a level where you have responsibility to perform the following as part of your role:** | **Y** | **N** |
| * supervise others and demonstrate leadership, appropriate to areas of practice
 | [ ]  | [ ]  |
| * respond to enquiries regarding the service provided when dealing with clinical colleagues
 | [ ]  | [ ]  |
| * communicating with service users (including patients, carers and relatives, the public and other healthcare professionals as appropriate)
 | [ ]  | [ ]  |
| * engagement with problem solving and research and development activities
 | [ ]  | [ ]  |

**Applicant Declaration**

If an applicant subsequently gains registration with the Health and Care Professions Council based on incorrect information, they may thereby gain a pecuniary advantage by deception, which may constitute a criminal offence. The onus for ensuring the full and accurate disclosure of information rests with the applicant.

|  |  |
| --- | --- |
| **[ ]**  | I declare that I have read and understood the HCPC standards of proficiency for biomedical scientists. |
| **[ ]**  | I declare that I have read and understand the implications of the HCPC’s standards of conduct, performance and ethics (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 Certificate of Competence by Equivalence Portfolio. * Portfolio Guidance
* Module Descriptors
* Guidance for Candidates and Mentors
* OneFile User Guides
* Frequently Asked Questions
 |
| **[ ]**  | I declare that the information given on this form, personal development plan and all attached supporting documents is true and accurate. |
| **[ ]**  | A recent criminal conviction check (basic DBS check or equivalent in Scotland and NI) has been completed as part of the application for this portfolio. |
| **[ ]**  | The DBS check (or equivalent) information has been shared and discussed with my mentor and / or laboratory manager. |
| **[ ]**  | The criminal conviction check did not contain any convictions or other information that is likely to prevent me from becoming HCPC registered when I have completed my laboratory training and required education and receive the IBMS Certificate of Competence by Equivalence, **OR**: |
| **[ ]** **[ ]**  | The criminal conviction check contained information on previous convictions that may prevent my registration with the HCPC following the issue of my Certificate of Competence by Equivalence. **(If this declaration is ticked, please complete the statement directly below):**I have sought advice from the HCPC at this stage, to ask if the information from the criminal conviction check will affect my eligibility to register as a biomedical scientist, once I have completed my laboratory training and required education and receive the IBMS Certificate of Competence by Equivalence. |
| **[ ]**  | 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. |
| **[ ]**  | As part of your application for the Certificate of Competence by Equivalence 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 processing your application.I consent to any information in this application including any sensitive personal data being processed by the IBMS.(If you have any questions, comments and requests regarding our data processing practices, please contact us at equivalence@ibms.org) |

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

**Mentor Details**

This is an individual to whom the applicant has access, is HCPC registered as a biomedical scientist and has experience of supporting candidates to complete the Registration Training Portfolio or is an IBMS Verifier. By agreeing to be a mentor the individual confirms their ability to support the candidate to complete 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 |       |
| This lab holds current IBMS pre-registration training approval | Yes/No (delete as applicable) |

**Mentor Declaration**

This must be completed by the mentor proposed in the section above.

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| --- | --- |
| **[ ]**  | I declare that I have read the following programme documents and am able to provide support for the applicant:* Portfolio Guidance
* Module Descriptors
* Guidance for Candidates and Mentors
* OneFile User Guides
* Frequently Asked Questions
 |
| **[ ]**  | I declare that I have experience of training individuals for completion of the IBMS Registration Training Portfolio and/or end point verification as a trained verifier. |
| **[ ]**  | I agree to mentor the applicant to complete the IBMS Certificate of Competence by Equivalence (Biomedical Scientist) route to registration and am willing to facilitate the necessary training and support required by the candidate. |
| **[ ]**  | The applicant for this portfolio has completed a recent criminal conviction check (basic DBS check or equivalent in Scotland and NI) as part of the application for this portfolio. |
| **[ ]**  | The DBS check (or equivalent) information has been shared and discussed with me as the mentor and / or the line manager |
| **[ ]**  | The criminal conviction check did not contain any convictions or other information that is likely to prevent the applicant from becoming HCPC registered when they have completed their laboratory training and required education and receive the IBMS Certificate of Competence, **OR**: |
| **[ ]**  | The criminal conviction check contained information on previous convictions that may prevent the applicant’s registration with the HCPC following the issue of my Certificate of Competence.**(If this declaration is ticked, please complete the statement directly below):** |
| **[ ]**  | The applicant has sought advice from the HCPC at this stage, to ask if the information from the criminal conviction check will affect their eligibility to register as a biomedical scientist, once they have completed their laboratory training and required education and receive the IBMS Certificate of Competence. |
| **Mentor’s signature** |  |
| **Date:** |  |

**Line Manager Details**

This is the applicant’s line manager who has agreed to support the application for the IBMS Certificate of Competence by Equivalence (Biomedical Scientist) route to registration and who will support the welfare and wellbeing of the applicant once they have been admitted onto the programme.

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

**Line Manager Declaration**

This must be completed by the Line Manager detailed in the section above.

|  |  |
| --- | --- |
| **[ ]**  | I agree to support the welfare and wellbeing of the applicant in the completion of IBMS Certificate of Competence by Equivalence (Biomedical Scientist) route to registration |
| **Line Manager’s signature** |  |
| **Date:** |  |

**Confirmation of access to IBMS approved training laboratory**

To be completed if this is **not** your current place of work or your mentor’s current place of work.

|  |  |
| --- | --- |
| Department |       |
| Hospital |       |
| Address |       |
|       |
| Postcode |       |

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| --- |
| Please give a description of what support the candidate will have at the above IBMS approved laboratory (e.g. secondment opportunities, training sessions etc) in the box below: |
|  |

**Payment Details**

|  |  |  |
| --- | --- | --- |
| Card Payment  | **[ ]**  | We will email you with details of how to make a payment by card for the initial **£50 administration fee** once the application has been processed. Should your application to be admitted to the route be successful, we will then request further payment for the remaining fee of **£340** at that point. |
| Cheque enclosed | **[ ]**  | **Cheques should be made payable to ‘IBMS’** for the initial **£50 administration fee**. Should your application to be admitted to the route be successful, we will then request further payment for the remaining fee of **£340** at that point. |
| Purchase Order enclosed | **[ ]**  | A separate Purchase Order (PO) must be provided, either for the initial **£50 administration fee** or the full **£390 assessment fee**, for an invoice to be raised. **The PO must be addressed to the IBMS only (not IBMS Professional Services Ltd).**If the PO is submitted independently of the application form then please state the PO number clearly below.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/)