**Application for the IBMS Specialist Diploma in Blood Sciences**

The laboratory manager or training officer is responsible for placing the order. Please complete in full and return via email to the email address shown at the bottom of this form. To receive a portfolio, the order must satisfy the following criteria.

Please tick to confirm the following has been checked/included for this order:

|  |  |
| --- | --- |
|  | 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. |
|  | Candidate Health and Care Professions Council (HCPC) registered as a biomedical scientist. |
|  | **Payment**  Payment must be made via either of the following methods:  Cheque/Postal Order (must be attached to this form or application will be returned if send by post);  Card payment (details of how to make a payment by card will be provided once the application has been screened);  Purchase Order - a separate document detailing the following information:   * Purchase Order number * Order details * Invoice address   Quoting the Purchase Order number alone is insufficient. |

**Candidate Details**

Please note that membership in one of the aforementioned grades is also required for a minimum of one year before their portfolio can be externally examined by the IBMS.

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

**Laboratory Details**

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

**Training Officer Contact 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.

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

**Laboratory Manager Contact Details**

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

**Discipline Details**

The Specialist Diploma in Blood Sciences offers the following disciplines. Please indicate below a minimum of two disciplines for completion of the diploma (Haematology and Hospital Transfusion Practice alone cannot be selected as this is an existing Specialist Diploma):

|  |  |
| --- | --- |
| Clinical Biochemistry |  |
| Haematology |  |
| Hospital Transfusion Practice |  |

**Payment Details**

Trainee portfolios are priced at £133 (this includes portfolio, examination and administration fees).

**Payment by Cheque or Postal Order:** **(**Note: For payments by cheque or postal order please be advised that there may be a delay in processing time**):**

Cheques or Postal Orders should be made payable to ‘IBMS’.

|  |  |
| --- | --- |
| Cheque enclosed for: | £133 trainee copy  £32 replacement copy  £62 swap copy |

**Card Payment:**

|  |  |
| --- | --- |
| Card payment to be made for: | £133 trainee copy  £32 replacement copy  £62 swap copy |

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

**Invoice Details:**

**A separate Purchase Order is mandatory and must be attached to the portfolio order form** where you choose the option to raise an invoice. If a Purchase Order is not attached, the order form will be returned to the laboratory training contact.

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.

|  |  |
| --- | --- |
| Purchase Order number: |  |
| Invoice for: | £133 trainee copy  £32 replacement copy  £62 swap copy |

**Delivery Address\***

\* Portfolios will be issued to the training officer. Please provide an address below, only if it differs from the address given previously for the candidate’s laboratory.

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

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

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/>