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|  | IBMS EXPERIENTIAL ROUTE TO FELLOWSHIP APPLICATION FORM  |  |

**PLEASE READ ‘GUIDANCE FOR APPLICANTS’ BEFORE COMPLETING THIS FORM.**

**APPLICATIONS RECEIVED WITHOUT THE FEE WILL BE RETURNED.**

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| First Names: |  | Surname: |  |
| Title: |  | Suffix: |  |
| Gender: | Male [ ]  | Female [ ]  | Date of Birth: |  |

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| --- | --- | --- | --- |
| IBMS Membership Grade (if current member) |  | IBMS Membership Number (if current member) |  |

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| Home Address | Current Employment Address |
| Address Line 1 |  | Job Title |   |
| Address Line 2 |  | Company/Hospital |  |
| Address Line 3 |  | Address Line 1 |  |
| Town |  | Town |  |
| County |  | County |  |
| Postcode |  | Postcode |  |
| Country |  | Country |  |
| Telephone Number |  | Telephone  |  |
| Email |  | Email |  |

**Previous Employment Dates: to-from Company/Hospital Post held (grade & title)**

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| --- | --- | --- |
| Date | Company / Hospital | Post Held (Grade and Title) |
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**Education: Copies of certificates should be sent with this application**

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| **Date Awarded** | **Awarding Body** | **Subject** | **Qualification** |
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**Please indicate your specialty (please tick or circle)**

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| --- | --- | --- | --- | --- |
| Clinical Chemistry  | Cytology | Education | Medical Microbiology | Other:  |
| Histopathology | Immunology | Virology | Blood Sciences |  |
| Parasistology | Serology | Genetics |  |  |
| Transfusion Science | Veterinary Science | Haematology |  |  |

**Do you have a specific responsibility for (please circle or tick):**

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| Training  | R&D | Safety | Other:  |
| Quality | Advanced Practice | Management |  |

**Checklist: I enclose**

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| --- | --- | --- | --- |
| **Required** | **Enclosed / Completed Y/N** | **IBMS Check Received** **Initial & Date** | **Outcome**  |
| A personal statement (Word Document, up to 1,500 words) |  |  |  |
| Up to date CV (max 4 pages) |  |  |  |
| Current organisation chart |  |  |  |
| Current job description |  |  |  |
| Copies of Education Certificates  |  |  |  |
| A list of previous 2 years CPD activity |  |  |  |
| Applicant Signature |  |  |  |
| Verifier Signature |  |  |  |
| Declarations Completed  |  |  |  |
| Fee (credit or debit card)  |  |  |  |

**FOR IBMS USE ONLY:**

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Personal Supporting Statement for (Insert Name)

Maximum 1,500 Words

Please read ‘Guidance Notes for Candidates’ before completing this section

All sections are expandable

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| 1. Explain, with examples, how you have obtained a high level of specialist knowledge and crititcal awareness of current issues relevant to the delivery of your service
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| 1. Explain, with examples, how you have worked as an advanced level scientist or senior manager within a clinical laboratory setting
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| 1. Explain with examples, how you have worked in an autonomous role requiring judgement and leadership
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| 1. Explain with examples, how you are committed to a continual advancement of knowledge and your input into its application to service improvement and delivery
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| 1. Explain with examples, how you have made a wider contribution to the development and promotion of your profession
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| **Declarations**  |
| **Are you aware** that claims of professional negligence, error or omission have ever been made against you? No Yes **Are you aware** of any circumstances, allegations or incidents which may give rise to a claim against you for professional negligence, error or omission?No Yes  If yes to either of the above, please provide full details in an accompanying letter. **I declare** that I am eligible for the selected category of membership and that I will notify the IBMS if my name is removed from the Health and Care Professions Council (if applicable). Please tick **I acknowledge** that it is my responsibility to inform the IBMS if there is any change to my personal or workplace details. Please tick  **I have read, understood and agree** to abide by the Institute’s [Code of Conduct](https://www.ibms.org/my-ibms/ibms-code-of-conduct/) (available in membership pack, or by emailing mc@ibms.org) Please tick We like to keep you informed about IBMS services, campaigns, events, publications and new initiatives. It is also important for us to find out your views on a range of issues. This may be by post, telephone or electronic mail. Should you not want us to do this, please tick this box. If you would like to receive information about biomedical science from third party organistaions, Plese please tick this box I, the undersigned apply for membership of the IBMS and declare that the foregoing statements are correct.  |
| Please tick this box Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **Applicant Signature**  |
| I wish to apply for Fellowship via the IBMS Experiential Route. I declare that the information I have given with this application is, to the best of my knowledge accurate and true. |
|  |  |  |  |  |
| Sign: |  |  | IBMS Membership Number: |  |  |
| Print Name: |  |  | Date: |  |  |
|  |  |  |  |  |  |  |  |

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| **Verifier Signature**  |
| I confirm that information as provided in this application is, to the best of my knowledge accurate and true.  |
|  |  |  |  |  |
| Sign: |  |  |  |  |  |
| Print Name: |  |  | Email/ |  |  |
| Relationship to Applicant --- |  |  |  |  |  |  |  |
| **RETURN ADDRESS** Institute of Biomedical Science, Membership Department, 12 Coldbath Square, London, EC1R 5HL Tel: + 44 (O) 20 7713 0214 E: mc@ibms.org  |

**Experiential Route to Fellowship Application Fee:**

The fee to assess the application is £325. This fee is non-refundable and is payable by Credit or Debit Card only.

If successful, an annual Fellowship subscription fee and the one-off mandtaory registration fee of £20 will also apply. To view, current subscription fees, see

https://www.ibms.org/join/membership-fees/



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/>

Post Assessment to be completed by IBMS Membership Manager

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|  Approved Y/N  |  |
|  Passed to Membership  |  |
|  Integra Updated |  |
|  If unsuccessful, feedback provided  |  |