**Application Form**

**IBMS Clinical Scientist Certificate of Attainment (Experiential Route)**

Potential candidates for the IBMS Clinical Scientist Certificate of Attainment (Experiential Route) need to be able to make an informed decision whether to apply for admittance to this programme in the knowledge that their qualifications and professional experience are appropriate to enabling them to provide evidence that demonstrates they meet the HCPC standards of proficiency for clinical scientists.

It is therefore essential that before applying for this programme both the applicant and mentor read the following information that is available on the IBMS website in the Registration Section.

* Programme Handbook
* Curriculum Handbook
* Guidance for Candidates
* Guidance on the Role of Mentors

Both applicant and mentor will be required to sign the following declaration in the application form:

*I declare that I have read and understood the requirements for completion of the IBMS Clinical Scientist Certificate of Attainment (Experiential Route) detailed in the following programme documents:*

* *Programme Handbook*
* *Curriculum Handbook for the Specialty*
* *Guidance for Candidates*
* *Role of Mentors: Guidance for Candidates and Mentors*

Applicants will also be expected to sign the following declaration in the application form:

*I understand the significance of the admittance criteria and that this route is based solely on prior learning and training that has been completed* ***before*** *the application is made. I understand that I must be able to evidence M-level practice against the standards of proficiency for clinical scientists and provide examples in their portfolio of evidence from education and training that has already been completed. I understand that* ***further training to evidence standards of proficiency is not permissible once the application has been accepted*** *and if the outcome of the assessment process identifies that further training is required I will need to reapply for admittance to the programme.*

**Mentor Support**

The mentor would usually be sourced by the applicant, but could in special circumstances be suggested by the IBMS if the applicant is unable to identify a suitable mentor. The mentor is expected to use their knowledge of the programme requirements to assist the applicant with the application process. Specifically, this is in terms of offering advice on the relevant information required to satisfy the IBMS criteria for entry to the programme and establish relevance to HCPC registration as a clinical scientist; for example, regarding the description of the applicant’s role and the environment in which they have gained experience.

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

The applicant’s line manager is required to sign a declaration in the application form to the effect that they agree to support the welfare and wellbeing of the applicant in the subsequent completion of the IBMS Clinical Scientist Certificate of Attainment (Experiential Route).

This form should be completed in line with the published guidance *IBMS Clinical Scientist Certificate of Attainment (Experiential Route) – Guidance to Candidates*.

**Documentation Checklist**

All applications must include the following:

|  |  |
| --- | --- |
| [ ]  | Completed application form |
| [ ]  | Assessment fee (£318). Please note, applications will incur a £50 administration fee on submission of application form. This will be deducted from the Assessment fee if your application is accepted. |
| [ ]  | Description of current role to confirm the applicant is working at M-level in their specialty and has the ability to demonstrate they can evidence the requirements of the IBMS Clinical Scientist Certificate of Attainment Experiential Portfolio |
| [ ]  | Proof of ID (copy of passport or government-issued photo ID [e.g. driving licence]) |
| [ ]  | Photocopy of your qualification certificate(s) and transcripts |
| [ ]  | Photocopy of change of name (if relevant) |
| [ ]  | Valid Disclosure and Barring Services (DBS) check(Please note, if you have any criminal convictions outside of the UK that are not covered by this you should declare them) |
| [ ]  | Evidence of English language (IELTS level 7), if English not first language |
| [ ]  | Photocopy of UK ENIC comparability for your non-UK qualification(s) |

**Personal Details**

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

**Qualification Details**

A minimum of a Masters-level qualification or one of equivalent academic level is required. You must include a copy of your qualification certificate(s).

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

**Current Employment**

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

**Employment History**

Please complete for the past three 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 |       |

**Professional Development**

This is a self-assessment section that is a list of expected areas to confirm whether the environment in which you have worked (including your current employment) had sufficient, appropriate and available resources to support your professional development described in your application statement.

Some of these relate to the general requirements cross-referenced to standards laid out in the document *IBMS* *Clinical Laboratory Standards* (available for download from the IBMS website) but they are also specifically relevant in the context of your professional development to enable you to demonstrate the detailed knowledge and ability listed in Section 5 of the Programme Handbook and the subject-specific curriculum which must be evidenced in the IBMS Clinical Scientist Certificate of Attainment Experiential Portfolio.

Please indicate below if your working environment is compliant, or not, with the following:

|  |  |  |
| --- | --- | --- |
| **Overall Standards** | **Standard Met** | **Standard Not Met** |
| Environment, Facilities and Equipment (Standards 1.1 - 1.3) | [ ]  | [ ]  |
| Health and Safety (Standards 2.1 – 2.5) | [ ]  | [ ]  |
| Workload and Staffing (Standards 3.1- 3.4) | [ ]  | [ ]  |
| Quality (Standards 4.1 – 4.2) | [ ]  | [ ]  |
| Education and Training (Standards 5.1 – 5.6) | [ ]  | [ ]  |
| Documentation (Standards 6.1 – 6.4) | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| **Specific Requirements** | **Y** | **N** |
| A structured training programme for developing M-level knowledge and skills in your specialist discipline (e.g. completion of an MSc, the IBMS specialist portfolio, other IBMS qualifications). | [ ]  | [ ]  |
| A nominated HCPC-registered training officer/mentor. | [ ]  | [ ]  |
| Use of adequate resources to support your training (e.g. current textbooks and journals, IT facilities for research studies, internet, programmes to support statistical analysis). | [ ]  | [ ]  |
| Access to the wider clinical situation relevant to the patients presenting to the specialty. | [ ]  | [ ]  |
| Access to a range of specialist techniques employed in the discipline to develop knowledge of the standards expected from the techniques and evidence base that underpins the use of the procedures, the clinical applications of the specialty and the consequences of decisions made upon actions and advice. | [ ]  | [ ]  |
| Access to a range of different diagnostic, monitoring, treatment and management approaches, to develop your understanding of how to select approaches to meet the needs of an individual. | [ ]  | [ ]  |
| **Have you been supported to develop your knowledge and ability to a level where you have responsibility to perform the following as part of your role in the following areas:** |  |  |
| * supervising 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.
 | [ ]  | [ ]  |

**Payment Options**

|  |  |  |
| --- | --- | --- |
| Cheque enclosed for £315 | [ ]  | Cheques or Postal Orders should be made payable to ‘IBMS’ |
| Card Payment | [ ]  | We will email you with details of how to make a payment by card once the application is approved |
| Purchase Order\* enclosed for £315 | [ ]  | **A separate Purchase Order is mandatory for invoicing options 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: |       |

**Note:** Portfolios will be issued electronically to applicants successfully admitted onto the route.

**Applicant Declarations**

|  |
| --- |
| *I understand the significance of the admittance criteria and that this route is based solely on prior learning and training that has been completed* ***before*** t*he application is made. I understand that I must be able to evidence M-level practice against the standards of proficiency for clinical scientists and provide examples in their portfolio of evidence from education and training that has already been completed. I understand that* ***further training to evidence standards of proficiency is not permissible once the application has been accepted***and if the outcome of the assessment process identifies that further training is required I will need to reapply for admittance to the programme. |
| Applicant’s Signature: |       |
| Date: |       |

If an applicant subsequently gains registration by the Health and Care Professions Council on the basis of 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 understand the HCPC standards of proficiency for clinical scientists |
| **[ ]**  | I declare that I have read and understand the implications of the HCPC’s standards of conduct, performance and ethics (2016) |
| **[ ]**  | I declare that I do not have any physical or mental health condition that would impair my fitness to practise as a clinical 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. |

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

**Mentor Details**

This is an individual the applicant has access to and who is HCPC registered, and has agreed to support the application for the IBMS Clinical Scientist Certificate of Attainment (Experiential Route) programme.

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

**Mentor Declaration**

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

|  |  |
| --- | --- |
| **[ ]**  | I declare that I have read and understood the requirements for completion of the IBMS Clinical Scientist Certificate of Attainment (Experiential Route) detailed in the following programme documents :* Programme Handbook
* Curriculum Handbook for the Specialty
* Guidance for Candidates
* Role of Mentors: Guidance for Candidates and Mentors
 |
| **[ ]**  | I agree to mentor the applicant in the completion of the IBMS Clinical Scientist Certificate of Attainment (Experiential Route) |
| **Mentor’s Signature:** |  |
| **Date:** |  |

**Line Manager Details**

This is the applicant’s line manager who has agreed to support the application for the IBMS Clinical Scientist Certificate of Attainment (Experiential Route) programme and who will support the welfare and wellbeing of the applicant once they have been admitted onto the programme.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |       | Title |       |
| Forename |       | DOB |       |
| HCPC No. (if applicable) |       | IBMS No. (if applicable) |       |
| Email Address |       | Telephone No |       |
| 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 subsequent completion of IBMS Clinical Scientist Certificate of Attainment (Experiential Route) |
| **Line Manager’s Signature:** |  |
| **Date:** |  |