

Application for the Record of Laboratory Training

for the Specialist Diploma

The laboratory manager or training officer is responsible for placing the order. Please complete in full and return to [specialistportfolio@ibms.org](mailto:specialistportfolio@ibms.org). To receive an IBMS specialist portfolio, the order must satisfy the following criteria:

**IBMS DOCUMENT CHECKLIST:** Please tick to confirm the following has been checked/included for this order

|  |  |
| --- | --- |
|  | Candidate is Health and Care Professions Council (HCPC) registered 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. |
|  | **Payment**  Payment must be made via either of the following methods:  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.*  Cheque/Postal Order (must be attached to this form or application will be returned if send by post); (**Note**: For payments by cheque or postal order please be advised that there may be a delay in processing time.) |

**Specialist Diploma Candidate Details**

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

**Training Laboratory Details**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Approved Laboratory: |  | | |
| UKAS Ref: |  | | |
| Hospital: |  | | |
| NHS Trust: |  | | |
| 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.

Please also complete host training officer details in cases where secondment is taking place and note ‘secondment’ under ‘comments’.

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

**Laboratory Manager Contact Details**

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

**Specialist Portfolio Discipline** **☑** PLEASE SELECT APPROPRIATE BOX OR RELEVANT BOXES FOR BLOOD SCIENCES.

|  |  |  |  |
| --- | --- | --- | --- |
| Cellular Pathology |  | Clinical Biochemistry |  |
| Molecular Pathology |  | Cervical Cytology |  |
| Clinical Immunology |  | Diagnostic Cytopathology |  |
| Haematology with Hospital Transfusion Practice |  | Histocompatibility & Immunogenetics |  |
| Transfusion Science |  | Medical Microbiology |  |
| Rapid On-Site Evaluation (ROSE) Module |  | Virology |  |

**Payment Details**

Trainee portfolios are priced at £137 (this includes portfolio and administration fees).

**Payment by Postal Order or Cheques** **(**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 or postal order enclosed for: | £137 trainee copy  £63 swap copy |

**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: | £137 trainee copy  £63 swap copy |

**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: | £137 trainee copy  £63 swap copy |

**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/>