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**APPLICATION FORM FOR THE EXAMINATION OF**

**THE RECORD OF LABORATORY TRAINING FOR**

**THE SPECIALIST DIPLOMA**

**The laboratory manager or training officer is responsible for requesting the examination.**

Please complete in full and return via email to [specialistportfolio@ibms.org](mailto:specialistportfolio@ibms.org) .

To be eligible for examination, the candidate must satisfy the following criteria:

* For applicants who received their portfolio prior to 1st July 2017, a minimum of one year in the Institute’s corporate classes of membership i.e. Licentiate, Member, or Fellow and not currently lapsed in membership.
* Applications should not be made until all sections of the specialist portfolio are completed.

*For applicants who received their portfolio after 1st July 2017: current, paid membership at Licentiate, Member or Fellow grade must be maintained for the duration of this qualification.*

**Candidate Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  | Title: |  | |
| Forename(s): |  | | | |
| IBMS No: |  | Date of Birth: |  | |
| E-mail Address: | | Telephone No: |  | |
| Home Address:  (If changed since portfolio issued) |  | | | |
|  | Postcode: | |  |

**Portfolio** **Discipline:** *Please tick appropriate box* (for **Blood Science** please tick all disciplines completed)*.*

|  |  |  |  |
| --- | --- | --- | --- |
| Cellular Pathology |  | Clinical Biochemistry |  |
| Clinical Immunology |  | Cytopathology |  |
| Cervical Cytology |  | Diagnostic Cytopathology |  |
| Haematology with Hospital Transfusion Practice |  | Histocompatibility & Immunogenetics |  |
| Haematology |  | Medical Microbiology |  |
| Transfusion Science |  | Virology |  |

**Laboratory Region:** (Please tick appropriate box)

|  |  |  |  |
| --- | --- | --- | --- |
| East Anglia |  | East Midlands |  |
| Ireland |  | London |  |
| North East |  | North West |  |
| Scotland |  | South East |  |
| South West |  | Wales |  |
| West Midlands |  | Yorkshire |  |

**Specialist Portfolio Candidate Laboratory Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |  | | |
| Hospital: |  | | |
| Organisation eg Trust: |  | | |
| Laboratory Address: |  | | |
|  |  | Postcode: |  |

**Please provide the below information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Active Examiners in department:** |  | | |
| **Estimated timeframe of last verification conducted by an examiner of this department:** | 0 to 4 weeks | 1-3 months | Over 3 months |

**Training Manager Contact Details:**

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

**Training Officer Contact Details:**

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

**Laboratory Manager Contact Details;**

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

**Declaration**: (to be completed by the laboratory manager)

|  |  |  |
| --- | --- | --- |
| I can confirm that the candidate has followed an IBMS approved training programme and has completed the specialist portfolio in accordance with IBMS guidelines and that all evidence has been dated within three years prior to the date of this application. | | |
| **Does the candidate require any special consideration/support in completing the assessment?** | | |
| **Yes** | (if yes, you will be contacted by a member of the education team to discuss how we can support your candidate in completing the assessment) | **No** |

|  |  |
| --- | --- |
| 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/>