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|  | Registered Science Technician (RSciTech)Application Form |  |

**PLEASE READ ‘GUIDANCE FOR APPLICANTS’ BEFORE COMPLETING THIS FORM IN BLOCK CAPITALS**

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| First Names: |  | | Surname: |  |
| Title: |
| Gender: | Male | Female | Date of Birth: |  |
| Payment Method | Cheque made payable to IBMS for £17.00  Call to make payment by credit or debit card | | | |

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| IBMS Membership Grade |  | IBMS Membership Number (if known) |  |

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| Home Address | | 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 Number |  |
| Email |  | Email |  |

**PLEASE INDICATE WHICH QUALIFICATIONS YOU HOLD AND INCLUDE A COPY OF YOUR CERTIFICATE(S) WITH YOUR APPLICATION**

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|  | IBMS Certificate of Achievement Part 1 | A Levels | BTEC | NVQ | Other Qualification |
| Awarding Institution |  |  |  |  |  |
| Subject(s) |  |  |  |  |  |
| Grade (if applicable) |  |  |  |  |  |
| Year |  |  |  |  |  |

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| USING EXAMPLES PLEASE EVIDENCE HOW YOU MEET EACH OF THE RSCITECH STANDARDS AND REFER TO THE GUIDANCE FOR APPLICANTS |
| Application of Knowledge and Understanding  A1: Apply knowledge of underlying concepts and principles associated with area of work.  A2: Review and select appropriate scientific techniques, procedures, and methods to undertake tasks.  A3: Interpret and evaluate data and make sound judgements in relation to scientific concepts.  Personal Responsibility  B1: Work consistently and effectively with minimal supervision to appropriate standards and protocols and know when to escalate appropriately.  B2: Demonstrate how you apply safe working practices.  B3: Take responsibility for the quality of your work and the impact on others.  Interpersonal Skills  C1: Demonstrate effective and appropriate communication skills.  C2: Demonstrate effective interpersonal and behavioral skills.  C3: Demonstrate an ability to work effectively with others  Professional Practice  D1: Recognise problems and apply appropriate scientific methods to identify causes and achieve solutions.  D2: Demonstrate how you use resources effectively.  D3: Participate in continuous process improvement.  Professional standards  E1: Comply with relevant codes of conduct and practice.  E2: Maintain and enhance competence in own area of practice through professional development activity. |

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| **CONTINUING PROFESSIONAL DEVELOPMENT** | |
| * I have enclosed a chronological list of CPD activity for the last 12 months with appropriate supporting evidence |  |

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| **SUPPORTER** | | | | | | | | | |
| As the applicant’s supporter you must be familiar with their work and will be a senior colleague, usually a line manager or supervisor.  Wherever possible supporters should hold membership of a professional body and professional registration where it exists.  I, the undersigned, support this application and consider that the applicant has the required professional experience and qualifications to be a Registered Science Technician. I have signed copies of certificates to indicate that I have seen the originals. I have read their personal statement and confirm that the applicant operates at the level commensurate with a Registered Science Technician and meets the RSciTech standards.  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/> | | | | | | | | | |
| Sign: |  | | | |  | IBMS membership number | |  |  |
| Print Name: | |  | | |  | Date: |  | |  |
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| **APPLICANT’S UNDERTAKING** | | | | | | | | | | | |
| I wish to apply for registration as a Registered Science Technician. I have enclosed my personal statement. I declare that the information I have given with this application is, to the best of my knowledge accurate and true. 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/> | | | | | | | | | | | |
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| Sign: |  | | | | |  | IBMS Membership Number: | | |  |  |
| Print Name: | | |  | | |  | Date: | |  | |  |
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| **DATA PROTECTION** | |
| If your application is successful, the Institute of Biomedical Science will transfer the information submitted to The Science Council register. The publicly available register will include your name, Licensed Body and Registered Science Technician number. The Science Council may wish to use the information you supply to communicate directly with registrants. Registered Science technicians have the right to access the personal data held on them by The Science Council. The Science Council may, from time to time, execute mailings on behalf of suppliers of goods and services considered to be relevant to professional interests. | |
| If you wish to receive such information, please tick this box |  |
| Tick this box if you do not wish your name to appear on the Science Council Public Register |  |

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| **RETURN ADDRESS** |
| Institute of Biomedical Science, 12 Coldbath Square, London, EC1R 5HL Email: christianburt@ibms.org |