**INTERNATIONAL Applicants Only
Application Form Guidelines**

**Please read this section carefully before completing your application.** We aim to process your application quickly and efficiently. Most delays can be avoided by ensuring that the form has been completed fully and correctly. The information you give us on your application form will be used in accordance with the Data Protection Act 2018.

This course has a deadline by which applications should be received. Please check the enrolment dates at <https://www.bbts.org.uk/education/>

**Please check the boxes for each section listed to make sure you have included everything needed to support your application. Submit form to:** connor.cousins@bbts.org.uk

**Personal Details 🞎
BBTS Number ☐**You must be a member to qualify. Please state your membership number and join date.

**Professional Body Registration Number ☐**If you are registered with a professional body, please state your registration number.
**Correspondence Address ☐**This address and your home email address will be used for all correspondence

**Personal statement** **🞎**Provide valid and detailed reasons for wishing to undertake the Specialist Certificate. This should include any further information you wish to offer to support your application.

**Qualifications 🞎**
Provide details of relevant postgraduate qualifications or equivalent training qualifications.

**Eligibility & experience 🞎**
Give details of your last three places and positions of relevant employment. Begin with the most current and provide a brief description of the daily duties involved.

**Supporting Statement 🞎**
This section must be completed by the manager at your current place of work. BBTS will contact them for further confirmation, therefore please provide accurate contact details.

**FINANCE DETAILS 🞎**
State how funding will be provided for the course. If not paying for it by self, give full details for whoever will provide payment for the full/remaining cost of the course.

**SELF DECLARATION FORM 🞎**
This section of the application form will not be used for selection purposes. You should inform the BBTS office at the earliest opportunity if you require consideration for any special arrangements for the exam.

**English Language 🞎**
Please provide details of relevant post-graduate qualifications or equivalent training qualifications

**Accepted tests:
*International English Language Testing System (IELTS).*** Minimum Score accepted:
7.0 with no element below 6.5

***\*Test of English as a Foreign Language (TOEFL) – Internet Based Test.*** Minimum score of 100/120

**All test certificates must be dated within 2 years of the date on which we receive your application**

*\*We cannot accept any TOEFL test scores undertaken in the United Kingdom*

**Exemption from language proficiency test**If you are a citizen of a relevant European State you do not need to provide proof of your English language proficiency. To be exempt from providing proof of English language competence you must provide evidence that you are a citizen of a relevant European State. This will usually be a **certified** copy of your passport or a **certified** copy of your national identity card.

**Relevant European States**The relevant European States are:
Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, The Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom

**DECLARATION 🞎**
Any offer of a place you may receive is made on the understanding that in accepting it you agree to abide by the terms and conditions of the BBTS Specialist Certificate and by signing this form (either electronically or manually) you are confirming your agreement.

**INTERNATIONAL Applicants Only
Specialist Certificate Application Form**

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| **Personal DETAILS** |  |  | **Office use only** |  |
| **BBTS Membership No:** |  |  | **Confirmed:** | **🞎** |
| **Professional Body Registration No:** |  |  | **Confirmed:** | **🞎** |
| **Date joined BBTS:** |  |  | **Confirmed:** | **🞎** |
| **Title:*(Mr,Mrs,Miss,Ms,Mx)*** |  |  |  |  |
| **Forename:** |  |  |  |  |
| **Surname:** |  |  | **Telephone No.** |  |
| **Full Correspondence Address:**- House number- Road/Street name- Area- Town/City |  |
| **Country:** |  |  | **Postcode/Zipcode:** |  |
| **Primary Email Address:** |  |
| **Secondary Email Address:** |  |

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| **Course details** |  |  |  |  |
| **Date of application:** |  |  | \* The online examination dates are non-negotiable. |
| **Exam Location\*: ONLINE***(usually 2nd weekend each November)* |  |
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| **Personal statement** |  |  |  |  |
| **Please state your full reasons for wanting to undertake the Specialist Certificate.** *Recommended**200-500 words.*  |
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| **Qualifications** |  |  |  |  |
| Please provide details of relevant/equivalent postgraduate qualifications already gained: |
| **Title of Qualification** | **Awarding Body/University** | **Level** | **Grade** | **Year Awarded** |
| *E.g. Biomedical Science* | *University of Manchester, UK* | *MSc.* | *Merit* | *2010* |
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| **Eligibility & Experience** |  |  |  |  |
| **Work History –** *Please give details of relevant current and previous roles* |
| **Current Employer** | **Job/Position Title** | **Date of post** | **Brief description of daily duties** |
| **Name:** |  |  |  |
| **Address:** |
| **City & Postcode:** |
| **Telephone:** |
| **Previous Employer** | **Job/Position Title** | **Date of post** | **Brief description of duties** |
| **Name:** |  |  |  |
| **Address:** |
| **City &Postcode:** |
| **Telephone:** |
| **Previous Employer** | **Job/Position Title** | **Date of post** | **Brief description of duties** |
| **Name:** |  |  |  |
| **Address:** |
| **City &Postcode:** |
| **Telephone:** |

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| **Supporting Statement** | **Must be completed by your Manager at your place of work.** |
| I confirm that the applicant is/will be working in a transfusion environment for the duration of the course *(12 months)* | 🞎  |
| I confirm that I will be supporting the applicant for the duration of his/her studies on this course ([see ‘Guidance for Supporting Managers’ document here](https://www.bbts.org.uk/education/bbtsqualifications/specialistcerttsp/appylforms_tsp/)) | 🞎  |
| **Name:** |  |  | **Position:** |  |
| **Department:** |  |  | **Organisation:** |  |
| **Work Email:** |  |
| **Work Telephone:** |  |
| **Manager’s Signature** |  |  | **Date:** | . |
| If you are completing the application form electronically, please type your full name into the signature space. |
| BBTS will confirm this information. If no response is received it may result in your application being unsuccessful |

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| **Finance / Funding Details** |  |  |  |  |
| **How will your studies be funded?** |
| **Self** 🞎 | **Employer** 🞎*i.e. full amount* |  | **Both** 🞎*i.e. individual deposit; employer balance* | **Other** 🞎**Please Specify** |
| **Please be advised that a 20% deposit will be requested by email, once the application has been approved**. This *must* be received by 31st January to confirm your place. Where your employer is fully funding the programme, places will not be fully confirmed until full payment has been received. This will take longer. |
| **Contact Details of Person Responsible for Payment (if not self-funded)** |
| **Name:** |  |  | **Organisation:** |  |
| **Address:** |  |
| **Country:** |  |  | **Postcode/Zipcode:** |  |
| **Email Address:** |  |
| **Telephone No.** |  |  | **Fax No.** |  |
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| **Office use only** |  |  |  |  |
| **Deposit Received** | 🞎 |  | **Date:** |  |
| **Payment Pending** | 🞎 |  | **Date:** |  |
| **Payment Complete** | 🞎 |  | **Date:** | Click here to enter text. |
|  |  |  |  |  |
| **SElf-Declaration Form** |  |  |  |  |
| **This section of the application form will not be used for selection purposes.** |
| **Disability / Special Requirements**If you have a disability or impairment which may require special arrangements/extra time for the exam (e.g. dyslexia), please specify below and provide relevant evidence (e.g. Dyslexia, specific learning difficulty assessment report / medical note etc ): |
| Click here to enter text. |
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| **Declaration** |  |  |  |  |
| **I declare that all information on this form is correct.** |
| I have read and understood the full Terms and Conditions for the Specialist Certificate and agree to abide by them. <https://www.bbts.org.uk/education/bbtsqualifications/specialistcerttsp/examtandc/> |
| I understand that any offer of a place is subject to my fulfilling the eligibility criteria, my acceptance of the full Terms and Conditions, and availability on the course. |
| I agree that BBTS may record and process the information contained in this form and the Self-declaration form for statistical and administrative reasons in accordance with the Data Protection Act 2018. |
| I understand that BBTS reserves the right to contact my supporting managers or workplace supervisor should my attempt be unsuccessful whereby my responses to exam questions causes concern in relation to patient safety. This step will only be undertaken following discussion with myself in an effort to provide further support. |
| **Applicant’s Signature:** |  |  | **Date:** |  |
| If you are completing the application form electronically, please type your full name into the signature space. |

**Submit form to**: connor.cousins@bbts.org.uk

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| **Office use only** |  |  |  |  |
| **Date** |  |  |  |  |
| **Accepted** | 🞎 |  | **Declined** | 🞎 |
| **Reason** |  |