 **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.**

**Personal Details 🞎  
BBTS Number ☐**You must be a member to qualify. Please state your membership number and join date.  
  
**HCPC / ACSLM Registration Number ☐**If you are registered with the HCPC / ACSLM, 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.

**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.

 **Specialist Certificate Application Form**

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| **Applicants must be a member of BBTS before applying.** | | |  | **Applicant/Candidate No. (Office Use Only)** |  |
|  | | |  |  |  |
| **Complete electronically and return via email to:** [connor.cousins@bbts.org.uk](mailto:connor.cousins@bbts.org.uk)  BBTS Education Officer | | |  | **T:** +44 (0)161 232 7999 | |
| Course title for which you are applying:  **Specialist Certificate in Stem Cell Transplantation Science** | | | | | |
|  | | | | | |
| **Personal DETAILS** | |  |  | **Office use only** |  |
| **BBTS Membership No:** | |  |  | **Confirmed:** | **🞎** |
| **(UK/ROI) HCPC/ACSLM 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 – even if self-funding the course.** | | | | | | |
| I confirm that the applicant is/will be working in a stem cell transplantation science environment (ie. **will** have access to a stem cell laboratory) for the duration of the course (12 months) | | | | | | | | | 🞎 | |
| **Name:** | |  | | | |  | **Position:** | |  | |
| **Department:** | |  | | | |  | **Organisation:** | |  | |
| **Work Email:** | |  | | | | | | | | |
| **Work Telephone:** | |  | | | | | | | | |
| **Manager’s Signature** | |  | | | |  | **Date:** | |  | |
| 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** 🞎 | |  | **Other** 🞎  **Please Specify** | |
| **Please be advised: programme fees/POs will be requested in full once an application has been approved.** | | | | | | |
| **Contact Details of Person Responsible for Payment**  **(if not self-funded)** | | | |  |  |  |
| **Individual’s Name:** | |  | |  | **Organisation:** |  |
| **Address:** | |  | | | | |
| **Country:** | |  | |  | **City & Postcode/Zipcode:** |  |
| **Email Address:** | |  | | | | |
| **Telephone No.** | |  | |  | **Fax No.** |  |
|  | |  | |  |  |  |
| **Office use only** | |  | |  |  |  |
| **Payment Pending** | | 🞎 | |  | **Date:** | Click here to enter text. |
| **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 for the exam, please specify below & provide any relevant evidence eg. Dylsexia assessment report: | | | | | | |
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| **Declaration** |  | | |  |  |  |
| **I declare that all information on this form is correct.** | | | | | | |
| I have read and understood the [Terms and Conditions](https://www.bbts.org.uk/education/bbtsqualifications/specialistcertscts/) for the Specialist Certificate and agree to abide by them.  (available to download from the BBTS website) | | | | | | |
| I understand that any offer of a place is subject to my fulfilling the eligibility criteria, my acceptance of the 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. | | | | | | |

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