**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 [www.bbts.org.uk](http://www.bbts.org.uk).

**Please check the boxes for each section listed to make sure you have included everything needed to support your application. Submit form to:** [tspapplications@bbts.org.uk](mailto:tspapplications@bbts.org.uk)

**Personal Details 🞎  
BBTS Number ☐**You must be a member to qualify. Please state your membership number.  
**Correspondence Address ☐**This address and your primary email address will be used for all correspondence

**Work Details 🞎**  
Details of your current workplace and your role there. If self-employed, please give details of previous employment.

**Course Details** **🞎  
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.

**Statement of Practice 🞎**  
In order to be eligible for the Specialist Certificate, you need to show that you have the required experience within a transfusion environment. Please give full details of you current role and what it involves.

**CPD 🞎**  
Provide details of any Continuing Professional Development activities undertaken within the last 12 months

**Qualifications 🞎**  
Provide details of relevant post-graduate qualifications or equivalent training qualifications.

**Other Relevant Training 🞎**  
Give details of any other relevant courses that could support your application.

**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.

**Regulatory body 🞎**  
Provide details of any professional regulatory bodies with whom you are registered.

**Supporting Statement 🞎**  
This section must be completed by the manager at your current place of work (even if self-funded). 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.

**ENTRY TO UK 🞎**All students must be able to legally travel to the UK at the time of application/ enrolment and for the examination date.

**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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| Please Note: This form should only be completed by applicants ***not*** from the UK/ROI.  ***Applicants must be a member of BBTS before applying.***  **Complete and return to :**  [**tspapplications@bbts.org.uk**](mailto:tspapplications@bbts.org.uk)  \* this is an automated inbox | | | | | |  | | **Applicant/Candidate No. (Office Use Only)** | | | Click here to enter text. | | | |
|  | | | | | | | | | | | | | | |
| Course title for which you are applying: **Specialist Certificate in Transfusion Science Practice** | | | | | | | | | | | | | | |
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| **Personal DETAILS** |  | | | | |  | | **Office use only** | | |  | | | |
| **BBTS Membership No.** |  | | | | |  | | **Confirmed:** | | | **🞎** | | | |
| **Title:** (e.g. Mr/Miss/Mrs/Ms/Mx) |  | | | | |  | | **Date joined BBTS:** | | |  | | | |
| **Forename:** |  | | | | |  | |  | | |  | | | |
| **Surname:** |  | | | | |  | | **Telephone No.** | | |  | | | |
| **Full Correspondence Address:** |  | | | | | | | | | | | | | |
| **Postcode/Zipcode:** |  | | | | |  | | **Country:** | | |  | | | |
| **Primary Email Address:** |  | | | | | | | | | | | | | |
| **Secondary Email Address:** |  | | | | | | | | | | | | | |
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| **Regulatory Body** |  | | | | |  | |  | | |  | | | |
| **Is your profession subject to registration, licensing or any other form of regulation in the jurisdiction where you currently** *(or most recently)* **live and/or work?** | | | | | | | | | | | **Yes** 🞎  **No** 🞎 | | | |
| If yes, please state the name of the body: | | | | | |  | |  | | | | | | |
| Name of country / jurisdiction: | | | | | |  | |  | | | | | | |
| Email address of the body: | | | | | |  | |  | | | | | | |
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| **Are you registered with the above body in that jurisdiction?** | | | | | |  | | **Yes** 🞎 | | | **No** 🞎 | | | |
| If yes, please state your registration / licence no. | | | | | |  | |  | | | | | | |
| The professional title under which you registered | | | | | |  | |  | | | | | | |
| Date you registered with the body | | | | | |  | |  | | | | | | |
| **BBTS reserve the right to confirm this information with the relevant body** | | | | | | | | | | | | | | |
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| **Course details** |  | | | | |  | |  | | |  | | | |
| **Date of application:** |  | | | | |  | | \* The centralised examination venue and date of exam are non-negotiable. | | | | | | |
| **Exam Location: ONLINE**  **(usually 2nd weekend each May)** | | | | | |  | |
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| **Personal statement** | |  | | | |  | |  | | |  | | | |
| **Please state your reasons for wanting to undertake the Specialist Certificate.** *Recommended**200-500 words* | | | | | | | | | | | | | | |
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| **Please indicate your chosen specialism (tick box)** – Be aware this cannot be changed at point of exam | | | | | | | | | | | | | | |
| **Immunohaematology:** | **🞎** | | |  | **Donation Testing and Component Processing** | | | | | | | | **🞎** | |
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| **Work details** |  | | | | |  | |  | | |  | | | |
| **Current place of work:** |  | | | | | | | | | | | | | |
| **Work Address:** |  | | | | | | | | | | | | | |
| **Country:** |  | | | | |  | | **Postcode/Zipcode:** | | |  | | | |
| **Work Telephone No.** |  | | | | |  | | **Mobile No.** | | |  | | | |
| **How long have you worked in your current role?** |  | | | | |  | | **Fax No.** | | |  | | | |
| **Job Title:** |  | | | | |  | | **Job Level:** | | |  | | | |
| **Supervised:** | **🞎** | | | | |  | | **Supervisor:** | | | **🞎** | | | |
| **If self-employed, please give details for your most recent previous employer below:** | | | | | | | | | | | | | | |
| **Previous Employer:** |  | | | | | | | | | | | | | |
| **Contact Address:** |  | | | | | | | | | | | | | |
| **Country:** |  | | | | |  | | **Postcode/Zipcode:** | | | |  | | |
| **Email Address:** | Click here to enter text. | | | | | | | | | | | | | |
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| **statement of practice** | | |  | | |  | |  | | |  | | | |
| **Please give a detailed description of the type of duties you regularly undertake.** *The more information you provide us with at this point will help to avoid any delays with your application.* | | | | | | | | | | | | | | |
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| **Continuing professional development** | | | | | |  | |  | | |  | | | |
| **Please give details of any continuing professional development you have undertaken or are undertaking within the last 12 months.** | | | | | | | | | | | | | | |
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| **Qualifications** |  | | | | |  | |  | | |  | | | |
| Please provide details of relevant/equivalent post-graduate qualifications already gained: | | | | | | | | | | | | | | |
| **Title of Qualification** | **Awarding Body/University** | | | | | **Level** | | | **Class** | | | | | **Year Awarded** |
| *E.g. Biomedical Science* | *University of Manchester, UK* | | | | | *BSc.* | | | *First* | | | | | *2010* |
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| Please provide details of relevant/equivalent post-graduate qualifications currently being undertaken: | | | | | | | | | | | | | | |
| **Title of Qualification** | **Awarding Body/University** | | | | | **Level** | | | **Class** | | | | | **Year Awarded** |
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| **Other relevant Training** | | | |  | |  | |  | | |  | | | |
| **Title** | | | | **Awarding Body** | | | | | | **Date** | | | | |
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| **English Language** |  | | | | |  | |  | | |  | | | |
| All applicants must provide evidence that they meet the minimum English Language requirement for this course. | | | | | | | | | | | | | | |
| **Is English your first language?   *You should only indicate that English is your first language if it is the main or only language you use on a day-to-day basis.*** Having studied English or undertaken education or training at an institution where the medium of instruction is English does not necessarily mean that English is your first language. | | | | | | | | | | | **Yes** 🞎  **No** 🞎 | | | |
| If no, you must provide proof of your English Language proficiency unless you are exempt because you are a citizen of a relevant European State.  (See Application Guidance Notes for further details)  *Please scan copies of any certificate(s) for completed qualifications and email them together with this form.* ***Do not send originals through the post.*** | | | | | | | | | | | **TOEFL** 🞎  **IELTS** 🞎 (academic/general)  **Exempt** 🞎 | | | |
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| **Name/Type of English Qualification Gained** | **Awarding Body /  College / University** | | | | | | **Date Qualification Obtained** | | | | **Result / Score** | | | |
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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 and engaging in one the bench activities 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. | | | | | | |
| **Contact Details of Person Responsible for Payment (if not self-funded)** | | | | | | |
| **Name:** | |  | |  | **Organisation:** |  |
| **Address:** | |  | | | | |
| **Country:** | |  | |  | **Postcode/Zipcode:** |  |
| **Email Address:** | |  | | | | |
| **Telephone No.** | |  | |  | **Fax No.** |  |
|  | |  | |  |  |  |
| **Office use only** | |  | |  |  |  |
| **Deposit Received** | | 🞎 | |  | **Date:** |  |
| **Payment Pending** | | 🞎 | |  | **Date:** |  |
| **Payment Complete** | | 🞎 | |  | **Date:** | Click here to enter text. |
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| **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 confirm that I am able to legally travel to the UK at the time of this application. I will inform BBTS as soon as possible of any changes that may affect my ability to travel at the time of examination.  Please note, BBTS cannot help with visa issues. This remains the responsibility of the student at all times. | | | | | | |
| 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**: [tspapplications@bbts.org.uk](mailto:tspapplications@bbts.org.uk) \*this is an automated inbox

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