**UK/ROI 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.**

**Personal Details 🞎
BBTS Number ☐**You must be a member to qualify. Please state your membership number.
**Career Level Grade ☐**You must be working at practitioner level (NHS career framework grade 5 or equivalent) or higher to be eligible. Please show that you meet the minimum criteria by stating your current grade level.
**HCPC / ACSLM Registration Number ☐**If you are registered with the HCPC / AMLS, please state your registration number.
**Correspondence Address ☐**This address and your primary email address will be used for all correspondence

**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.

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

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

**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.

**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.

**UK/ROI Applicants Only
Specialist Certificate Application Form**

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| Please Note: This form should only be completed by applicants from the UK/ROI.  ***Applicants must be a member of BBTS before applying.*** |  | **Applicant/Candidate No. (Office Use Only)** |  |
|  |  |  |  |
| **Complete and return to:****Email :** tspapplications@bbts.org.uk\*this is an automated inbox |  | **T:** +44 (0)161 232 7999**F:** +44 (0)161 232 7979 |
|  |  |  |
| Course title for which you are applying: **Specialist Certificate in Transfusion Science Practice** |
|  |
| **Personal DETAILS** |  |  | **Office use only** |  |
| **BBTS Membership No:** |  |  | **Confirmed:** | **🞎** |
| **Career Level Grade:***(Must be grade 5 or above)* |  |  | **Confirmed:** | **🞎** |
| **HCPC/ACSLM Registrations No:** |  |  | **Confirmed:** | **🞎** |
| **Title:***(e.g.Mr/Miss/Mrs/Ms/Mx)* |  |  | **Date joined BBTS:** |  |
| **Forename:** |  |  | **Telephone No** |  |
| **Surname:** |  |  |  |  |
| **Full Correspondence Address:** |  |
| **Postcode/Zipcode:** |  |  | **Country:** |  |
| **Primary Email Address:** |  |
| **Secondary Email Address:** |  |
|  |
| **Course details** |  |  |  |  |
| **Date of application:** |  |  | \* The dates of the online examination 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* |
|  |
| **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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| **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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| **Eligibility & Experience** |  |  |  |  |
| **Work History –** *Please give details of relevant current and previous roles* |
| **Current Employer**(Please type within this column) | **Job/Position Title** | **Date of post** | **Brief description of daily duties (please be specific regarding on the bench activities)** |
| **Name of Organisation:** |  |  |  |
| **Full Address:** |
| **Postcode:** |
| **Telephone:** |
| **Previous Employer** (Please type within this column) | **Job/Position Title** | **Date of post** | **Brief description of duties** |
| **Name of Organisation:** |  |  |  |
| **Address:** |
| **Postcode:** |
| **Telephone:** |
| **Previous Employer** (please type within this column) | **Job/Position Title** | **Date of post** | **Brief description of duties** |
| **Name of Organisation:** |  |  |  |
| **Address:** |
| **Postcode:** |
| **Telephone:** |
|  |  |
| **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 on 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 balance* |  | **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)** |
| **Individual’s Name:** |  |  | **Name of Organisation:** |  |
| **Address:** |  |
| **Country:** |  |  | **Postcode/Zipcode:** |  |
| **Email Address:** |  |
| **Telephone No.** |  |  | **Fax No.** |  |
|  |  |  |  |  |
| **Office use only** |  |  |  |  |
| **Deposit Received** | 🞎 |  | **Date:** | Click here to enter text. |
| **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/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.)  |
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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**: tspapplications@bbts.org.uk \*this is an automated inbox

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