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|  **APPLICATION FOR ACS CERTIFICATE OF ATTAINMENT**Please read the Guidelines for Applicants before completing this form **using BLACK ink OR Font and BLOCK CAPITALS if handwritten** |
| Select Modality and Sub-Modality(You must select one of these choices - Medical Physics applicants may select from two sub-modalities if their training overlaps these options and they wish this to be considered by the assessors) | **SELECT MODALITY/SUB-MODALITY FOR ASSESSMENT –**  | **INDICATE CLEARLY HERE** |
| Audiology |  |
| Clinical Biochemistry |  |
| Clinical Biochemistry – Analytical Toxicology |  |
| Clinical Biochemistry – Paediatric Metabolic Biochemistry |  |
| Clinical Embryology |  |
| Clinical Genetics – Cytogenetics |  |
| Clinical Genetics – Molecular Genetics |  |
| Clinical Immunology |  |
| Clinical Microbiology |  |
| Clinical Physiology – Neurophysiology |  |
| Clinical Physiology – Ophthalmic & Vision Science |  |
| Clinical Physiology – Respiratory Physiology  |  |
| Cellular Science – Ultrastructure & Molecular Pathology |  |
| Cellular Science – Myology & Immunohistochemistry |  |
| Haematology |  |
| Haematology – Blood Transfusion |  |
| Histocompatibility & Immunogenetics |  |
| Medical Physics & Clinical Engineering (MP&CE) – Radiotherapy |  |
| MP&CE – Nuclear Medicine |  |
| MP&CE – Diagnostic Radiology & Radiation Protection |  |
| MP&CE – Non-ionising Radiation Techniques – **specify** e.g. MRI etc |  |
| MP&CE – Clinical Engineering, Physiological Measurement & Computing - specify |  |
| Developing Science – tick here and indicate above the combination of modalities to assess |  |

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| **ROUTE ONE – I have completed and provide evidence of a formal pre-registration (formerly Grade A) course which with subsequent clinical scientist experience totals 3 years** | **For Route ONE tick here** | **ROUTE TWO – for all other applications****You must provide evidence of having sufficient experience, including in a clinical setting whilst under appropriate supervision as a pre-registrant** | **For Route TWO tick here** |
|  |  |
| **CONTACT DETAILS** |
| **First Name(s)**: |  | **Surname** |  |
| **Title** | Mr Mrs Miss Ms Mx Dr | **Maiden/previous Name** |  |
| (attach marriage certificate or other proof of name change) |

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| **PLEASE ENSURE YOU NOTIFY THE ACS OF ANY CHANGE OF ADDRESS PRIOR TO CERTIFICATION** | **Date of Birth**: | D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |
| **Home Address** | **Work Address** |
|  | **Dept.** |  |
|  | **Hospital** |  |
|  | **Address** |  |
|  |  |  |
| **City** |  | **City** |  |
| **Country (for non-UK)** |  | **Country (for non-UK)** |  |
| **Postcode:** |  | **Postcode:** |  |
| **Tel :** |  | **Tel :** |  |
| **Mobile :** |  |  |  |
| **E-mail :** |  | **E-mail :** |  |
| Preferred Correspondence Address (delete one - if no selection is made the WORK address will be used) | **HOME ADDRESS / WORK ADDRESS** |

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| **QUALIFICATIONS – you must provide evidence of a minimum first or second class honours degree. (NARIC certification of overseas academic qualifications is required unless superseded by a UK academic qualification)** |
| **Include copies of certificates in portfolio** | **First Academic Qualification** | **Second Academic Qualification** | **Third Academic Qualification** |
| Institution |  |  |  |
| Qualification |  |  |  |
| Subject(s) |  |  |  |
| Classification |  |  |  |
| Year awarded |  |  |  |
| **PRESENT APPOINTMENT** |
| Job Title |  |
| **Employer:** |  |
| **Date Appointed:** | D | D | M | M | Y | Y | Y | Y | **Grade of Appointment or AfC Banding** |  |
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| **TO QUALIFY FOR SUBSIDISED FEES YOU MUST BE A CURRENT FULL MEMBER OF ONE OF THESE ACS CONSTITUENT MEMBER PROFESSIONAL BODIES** |
| **Professional Body** | **Membership Grade** | **Membership no** |
| Association for Clinical Biochemistry and Laboratory Medicine | ACB |  |  |
| Association for Respiratory Technology and Physiology | ARTP |  |  |
| Association for Clinical Genomic Science | ACGS |  |  |
| Association of Reproductive and Clinical Scientists | ARCS |  |  |
| British Academy of Audiology | BAA |  |  |
| British Blood Transfusion Society | BBTS |  |  |
| British Society for Clinical Neurophysiology | BSCN |  |  |
| British Society for Clinical Electrophysiology of Vision | BriSCEV |  |  |
| British Society for Histocompatibility and Immunogenetics  | BSHI |  |  |
| British Society of Haematology | BSH |  |  |
| Institute for Physics and Engineering in Medicine | IPEM |  |  |

**EQUALITY, DIVERSTIY & INCLUSION SURVEY**

(This section is not compulsory and the data is entirely confidential being used for statistical purposes and not related to any individuals. We encourage you to complete it for us to carry out more accurate analysis of applicants to ensure our processes are fair, and identify where any changes may be required. HCPC have a similar policy and survey to cover registrants in all professions)

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| **In which gender group would you describe yourself ?** If OTHER OR SELF-DESCRIBE, you may specify or leave blank | **FEMALE / MALE / PREFER NOT TO SAY /****/ OTHER OR SELF-DESCRIBE ………………………………….** |
| **Do you consider yourself to have a Disability ?** | **YES / NO** | **……………………………………………………………** |
|  If YES, please indicate what form this disability takes |
|  |
| **Please indicate which of the following ethnic groups describes you**  |
|  001 White – English/ Welsh/ Scottish/ Northern Irish/ British |  |  010 Asian/ Asian British – Pakistani |  |
|  002 White – Irish |  |  011 Asian/ Asian British – Bangladeshi |  |
|  003 White – Gypsy, Traveller or Irish Traveller |  |  012 Asian/ Asian British – Chinese |  |
|  004 White – Any other White background |  |  013 Any other Asian/ Asian British background |  |
|  005 Mixed/Multiple – White and Black Caribbean |  |  014 Black/African/Caribbean/Black British – African |  |
|  006 Mixed/Multiple – White and Black African |  |  015 Black/African/Caribbean/Black British – Caribbean |  |
|  007 Mixed/Multiple – White and Asian |  |  016 Any other Black/African/Caribbean/Black British |  |
|  008 Any other Mixed/Multiple background |  |  017 Arab |  |
|  009 Asian/ Asian British – Indian |  |  018 Any other ethnic group |  |
|  |  Prefer not to state |  |

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| **For applicants applying by Route 1 (the 3-year route)****(The total period covered by the dates on this page MUST comprise 3 full years.**  **If your formal training included and started with an approved MSc then include this in the dates shown here.** **You cannot apply to the ACS under Route 1 prior to the completion of the full 3 years indicated below)** |
|  |
| **Your Formal Pre-registration (formerly ‘Grade A’) Training Record** |
| Professional Organisation providing Department of Health approved (formerly ‘Grade A’) Training Scheme e.g. ACB, BAA, IPEM etc |  |
| Training Centre |  |
|  | D | D | M | M | Y | Y | Y | Y |
| Date Formal Training Started |  |  |  |  |  |  |  |  |
| and Completed |  |  |  |  |  |  |  |  |
|
|  |
| **Your subsequent experience (copy this page if more than one centre)** |
| Centre at which experience obtained |  |
| Organisation providing further Pre-registration experience(if any) |  |
|  | D | D | M | M | Y | Y | Y | Y |
| Date your subsequent period of experience started |  |  |  |  |  |  |  |  |
| and date completed(indicate CURRENT if still ongoing – do not leave blank) |  |  |  |  |  |  |  |  |
| Your Supervisor | Name |  |
| HCPC or GMC Registration No. |  |

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| **For applicants applying by Route 2****(The total period covered by the dates on this page MUST demonstrate sufficient experience to meet the competencies including experience working in a clinical setting as a supervised pre-registrant clinical scientist)** |
|  |
| **Postgraduate Experience and Training prior to working as a pre-registrant Trainee****(copy this page if more than 3 centres)** |

|  |  |  |
| --- | --- | --- |
| Institution 1 | Name |  |
| Position |  |
|  | D | D | M | M | Y | Y | Y | Y |
| Start date |  |  |  |  |  |  |  |  |
| Finish date |  |  |  |  |  |  |  |  |
| Institution 2 | Name |  |
| Position |  |
|  | D | D | M | M | Y | Y | Y | Y |
| Start date |  |  |  |  |  |  |  |  |
| Finish date |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Institution 3 | Name |  |
| Position |  |
|  | D | D | M | M | Y | Y | Y | Y |
| Start date |  |  |  |  |  |  |  |  |
| Finish date |  |  |  |  |  |  |  |  |

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| **Experience/Training in the role of a supervised pre-registrant Clinical Scientist****(copy this page if more than one centre)** |
| Centre at which your experience/training was gained |  |
| Post you held |  |
| Dates of your period of experience/training |  | D | D | M | M | Y | Y | Y | Y |
| Start |  |  |  |  |  |  |  |  |
| Finished(indicate CURRENT if still ongoing –do not leave blank) |  |  |  |  |  |  |  |  |
| Your Supervisor | Name |  |
| Registered Profession  |  |
| HCPC/GMC Registration No. |  |

AN INAPPROPRIATE APPLICATION SUBMITTED PRIOR TO THE COMPLETION OF THE **FULL** SET PERIOD OF 3 YEARS *(route 1 only)* WILL BE REJECTED AND DISPOSED OF, WITH RESULTANT LOSS OF ADMINISTRATION FEES.

PROVISION OF FALSE INFORMATION COULD BE CONSIDERED AS FRAUD, BREACHING THE HCPC CODE OF CONDUCT, AND MAY RESULT IN A REGISTRANT SUPERVISOR AND THE APPLICANT BEING STRUCK OFF OR INELIGIBLE FOR ENTRY TO THE REGISTER.

(copy this page if more than one supervisor involved as indicated on previous pages)

PASTE PASSPORT-SIZED COLOUR PHOTOGRAPH HERE

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| I wish to apply for a Certificate of Attainment and declare that the information I have given in this application is, to the best of my knowledge, accurate and true.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

Date: …………………………………………………………………………....………. (Signature of Applicant) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I certify that the candidate has completed the necessary period of training and experience for the selected application route and that the information provided herein by the applicant is, to the best of my knowledge, accurate and true.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

Date: …………………………………………………………………………....………. (Signature of Supervisor) |

**CHECK LIST - You must submit –**

* **This application form plus**
* **A pdf version of your portfolio via the portfolio submissions portal,** in which you must include, suitably cross referenced -:
* The completed Generic Competences document (Appendix 1)
* A copy of all degree certificates
* NARIC certification of any overseas qualifications (*non-UK academic qualifications only*)
* A copy of certificate of completion of formal Pre-registration (formerly ‘Grade A’) approved training (*route 1 only*)
* The report and supporting evidence
* **If you have changed your name by marriage or for any other reason, you MUST also include a copy of the relevant certificate with this application form (please do not include this in the portfolio).**
* **Payment of application fees**, payment by bank transfer. Please indicate the date and amount paid with the reference you used in a covering note (please do not send bank statements or similar)

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| **Current Members of ACS Member Professional Bodies:** |
| Route ONE | £210.00 |
| Route TWO | £300.00 |
| Developing Sciences | £400.00 |
|  |
| **Applicants who are NOT full current Members of ACS Member Professional Bodies:** |
| Route ONE | £360.00 |
| Route TWO | £450.00 |
| Developing Sciences | £500.00 |
|  |
| Single Competence Area re-application | £160.00 |

You MUST bring a passport, driving licence or other ratified photographic proof of identity to interview.

CAREFULLY CHECK THE APPLICATION FORM AND PORTFOLIO BEFORE SUBMISSION TO AVOID DELAYS IN PROCESSING DUE TO ERRORS OR OMISSIONS WHICH COULD RESULT IN MISSING AN INTERVIEW SESSION.

* **PORTFOLIOS AND FEES WILL NOT BE RETURNED ONCE RECEIVED FOR PROCESSING.**
* **REJECTED PORTFOLIOS WILL RESULT IN LOSS OF £100 ADMINISTRATION CHARGES.**
* **ALL FEES ARE NON-REFUNDABLE ONCE ACCEPTED FOR INTERVIEW.**

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| Please send your completed form to:ACS Registrar, 130-132 Tooley Street, London, SE1 2TU and a scanned copy to info@assclinsci.org  |

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| FOR OFFICE USE ONLY |
| Date received |  |
| Date Acknowledged |  |
| Reference Number |  |
| Assessors |  |  |  |