

For Office Use Only	
<u>Date Received</u>	
<u>Individual Application Number (Database ID)</u>	
<u>Individual CSci Registration Number</u>	
<u>Date awarded</u>	
<u>Renewal Date</u>	

Please TYPE or PRINT in black ink. This form is available in electronic-format from <http://www.acb.org.uk>
CSci through the ACB as licensed Body requires prior membership of the Association which should be made
on the appropriate form and submitted before or with this application.

This application will be dealt with simultaneously but independently of any application to join the Association.

Proposers must initial EVERY section to which they can testify.

PERSONAL INFORMATION

ITEM	YOUR RESPONSE	Margin only for proposers to initial verification
Title (Mr, Mrs, Ms, Miss, Dr, Prof etc)		
Surname		
Personal Names in full		
Present Grade of Membership (if any)		
Membership Number		
Date of Joining The Association for Clinical Biochemistry		
Designatory Letters (e.g. BSc, MD, MRCPATH etc)		
Existing Chartered Designations (e.g. CChem, CBiol)		
Memberships of other Professional or Learned Bodies		
Gender		
Age		
Date of Birth		

WORK ADDRESS	To be used in the Member Handbook	
Dept		
Organisation		
Address2		
Address3		
Address4		
Town/City		
County		
Telephone		
Fax		
Email		
HOME ADDRESS	Private - To be used for communications (if different from above)	
Address1		
Address2		
Address3		
Address4		
Town/City		
County		
Telephone		
Email		
PREFERRED MAILING ADDRESS	BUSINESS / HOME (Delete as applicable)	

EDUCATION (From Initial College/University degree)

Institution attended	Dates Studied	Subject studied (if relevant)	Qualifications obtained	Year awarded	Margin only for proposers to initial verification
PRIMARY DEGREE					
MASTERS DEGREE					
OTHER QUALIFICATIONS e.g. MRCPATH, PhD					
	Registration Body	Date Awarded	Date due for renewal	Registration Number	
REGISTRATION WITH HEALTH PROFESSIONS COUNCIL (HPC) OR GENERAL MEDICAL COUNCIL (GMC)					

CRITERIA FOR CHARTERED SCIENTIST

Please read the Guidance Notes and detail here how you fulfill all the criteria.

Indicate either through your field of study or professional practice how you comply with the following: (in many cases possession of HPC or GMC registration will suffice as the response) NB These sections expand to accommodate your entry if required – or you may use a separate sheet.	Margin only for proposers to initial verification
1. Are able to demonstrate a systematic understanding of Clinical Science knowledge	
2. Have dealt with complex scientific issues, both systematically and creatively	
3. Have exercised self-direction and originality in problem solving in Clinical Science	
4. Have communicated your conclusions clearly to both specialist and non-specialist audiences	
5. Have exercised substantial personal authority in planning and implementing Clinical Science tasks at a professional level	
6. Continue to advance your knowledge, understanding and competence of Clinical Science to a high level	
7. EXPERIENCE POST MASTERS LEVEL (M-LEVEL) - Please give details of at least 4 years postgraduate level (M-level, see Guidance Notes) experience in the practice and application of clinical science subjects, of which two years experience must be immediately prior to this application to demonstrate your current professional practice. Again for those registered with HPC and GMC the date of acquisition should be stated and your activities for the subsequent 2 years should be provided here.	

<p>Please use the following space if there is any additional information that you feel is relevant to your application that is not covered elsewhere in this application.</p>	<p>Margin to be used by proposers to initial verification</p>

PROPOSERS

Any Ordinary, Affiliate or Overseas member of the Association for Clinical Biochemistry, who has known the Applicant personally for a minimum of three years, may act as Proposer. Two Proposers are required.

This page should be completed by the Proposers personally after verifying the content of this application.

Proposers should initial the margins of this application form and the copied certificates to indicate those statements for which they can testify.

I confirm that I have read the Criteria for Chartered Scientist and I recommend that the applicant, to the best of my knowledge and belief, is a fit person to be registered as a Chartered Scientist through the Association for Clinical Biochemistry. I agree on request of the Association for Clinical Biochemistry to provide a confidential written reference.

Proposer 1		Member Category	
Name		CSci / CChem / CBiol *delete as appropriate	
Address		Signature	
		Date	
Tel No		Email	

Proposer 2		Member Category	
Name		CSci / CChem / CBiol *delete as appropriate	
Address		Signature	
		Date	
Tel No		Email	

For office use only

Name		
	Checked by	Date
Received		
Masters		
4 years post Masters		
Subs paid	DD / CHQ / CC	
Fee paid		
Acknowledged		
Proposers		
Council		
Certificate Issued		
CSci register transfer		
Individual Application Number		
Individual Registration Number		
Date of Award		
Date for Renewal		

INSTRUCTIONS TO YOUR BANK/BUILDING SOCIETY TO PAY DIRECT DEBIT



Please complete parts 1 to 5 of this form **clearly (BLOCK CAPS)** and return to:
 Senior Administrative Officer, Association for Clinical Biochemistry, 130-132 Tooley Street,
 LONDON SE1 2TU

Originator's Identification Number					
9	9	3	6	6	7

Originator's Reference

1. Name and full postal address of your Bank or Building Society Branch

To: The Manager, Bank/Building Society Address..... Postcode

2. Name(s) of account holder(s) (as on your cheque book)

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3. Branch Sort Code

(from the top right-hand corner of your cheque)

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4. Bank or Building Society Account Number (as on your cheque book)

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5. Instruction to your bank or Building Society.

Please pay the Association of Clinical Biochemists Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee.

Signature (s)	
.....	
Date	

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

✂ -----

After completion the branch should detach the lower part of this form and return it to the address above

Originator's Reference Administrative Office Association for Clinical Biochemistry 130-132, Tooley Street LONDON SE1 2TU	FOR BRANCH USE ONLY									
	Branch Title								
	Sort Code	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 10px;">—</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 10px;">—</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			—			—		
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			—			—				
	Account name (Maximum 18 characters)								
	Direct debits in respect of our customer's instruction under the reference number quoted should be made out as above.									
ForBank/Building Society										
Manager										
Date										

