



Please return completed forms to:
British Fertility Society Secretariat

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British Fertility Society

Application to undertake a training course by a Trainee

Name

Email Address

Daytime Phone Number

Current Post

Qualifications

Date of Application

Name of approved Training Centre

Name of Trainer(s)

Training course(s) applied for: (Please tick the box/s provided)

Pelvic Ultrasound	<input type="checkbox"/>	Embryo Transfer / IUI	<input type="checkbox"/>
Assisted Conception	<input type="checkbox"/>	Management of the Infertile Couple	<input type="checkbox"/>
Quality Management of a Fertility Service	<input type="checkbox"/>		

The charge for each BFS theoretical course £120 & is payable upon application.

Course payment:	Credit Card <input type="checkbox"/>
	Card no: _____ Expiry Date: _____ Security No: _____ <i>(Last three digits on back of card)</i>
	Cheque <input type="checkbox"/> <i>(Please make payable to BFS)</i>

BFS Number

Signed

Date