



British Fertility Society

Please return completed forms to:
British Fertility Society Secretariat

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Website: www.fertility.org.uk

Application for Training Centre Recognition

Name of Centre

Date of Application

Applicant, on behalf of the Centre

Training course(s) applied for: *(Please tick the box(es) 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"/>		

Pelvic Ultrasound for Reproductive Medicine Training Course:

	Yes / No
Does the centre have access to a daily, diagnostic pelvic ultrasound service?	
Will the trainee have access to at least 5 scans per week?	
Are both transvaginal and transabdominal options for scanning available?	

Signed

Date

Embryo Transfer / IUI Training Course:

	Yes / No
Please attach a copy of the HFEA license.	
Will the trainee have access to at least 3 embryo transfers per week?	

Signed

Date

Quality Management of a Fertility Service Training Course:

	Yes / No
Does the centre have an HFEA recognised "person responsible (PR)"?	
Will the trainee have access to at least 2 sessions per week with the PR?	
Is a copy of the centre's HFEA license attached?	

Signed

Date

Assisted Conception Training Course:

	Yes / No
Is a copy of the centre's HFEA license attached?	
Are there in excess of 250 fresh IVF cycles available per year?	

Signed

Date

Management of the Infertile Couple Training Course:

	Yes / No
Is a copy of the centre's HFEA license attached?	
Are there 2 dedicated sessions per week on MIC?	

Signed

Date