

Please complete and return the form preferably by email to:  
**bfs@profileproductions.co.uk**

Or post to: BFS Secretariat C/o Profile Productions Ltd  
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**British  
 Fertility  
 Society**

**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 boxe(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"/>	Male Fertility	<input type="checkbox"/>
Fertility Preservation	<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 .....

**Male Fertility Training Course:**

	Yes / No
Is a copy of the centre's HFEA license attached?	

Signed .....

Date .....

**Fertility Preservation Course:**

	Yes / No
Is a copy of the centre's HFEA license attached?	
Does the centre offer fertility preservation services?	
Will the trainee have exposure to a minimum of 2 sessions of Assisted Conception training per week?	

Signed .....

Date .....