

Please complete and return the form preferably by email to:

bfs@profileproductions.co.uk

Or post to: BFS Secretariat C/o Profile Productions Ltd
Boston House, 69-75 Boston Manor Road, Brentford, TW89JJ
t: +44 (0)20 3725 5849



British
Fertility
Society

Application to undertake a Training course by a Trainee

Title: Mr/Mrs/Miss/Dr/Prof First name: _____ Surname: _____

Email address: _____

Correspondence address. _____

_____ Post Code. _____

Telephone no. _____ Mobile Phone no. _____

*BFS Membership number. _____

Current post. _____

Qualifications. _____

*Name of approved Training Centre. _____

*Name of approved Trainer(s) _____

**Before submitting, please check you are a fully paid member of the BFS, and that your Trainer(s) and Centre are on the BFS website approved lists, if they are not, you will need to complete both a Trainer and Centre recognition application form, otherwise your application may be delayed. All lists and forms at: <https://britishfertilitysociety.org.uk/education-training>*

Training course(s) applied for (please tick boxes)

The charge for each BFS theoretical course is £150 payable upon application and is non-refundable.

- PELVIC ULTRASOUND EMBRYO TRANSFER / IUI ASSISTED CONCEPTION
 QUALITY MANAGEMENT OF A FERTILITY SERVICE MANAGEMENT OF THE INFERTILE COUPLE
 PRE-IMPLANTATION GENETIC TESTING MALE FERTILITY
 FERTILITY PRESERVATION DONOR ASSISTED CONCEPTION AND SURROGACY

Training course payment

I enclose a cheque made payable to The British Fertility Society for the sum of £ _____

Or

Please debit my credit*/debit card for the sum of £ _____

Card holder name and address (required) _____

Post Code _____

Card no

Expiry Issue No Security code

*Amex not accepted

Signature: _____

Date of application: _____