

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



British
Fertility
Society

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

Letter of Support from the Trainer for the Applicant

Name of Trainee

Name of Trainer

Name of Training Centre

Name of Training Course/s (Please tick the box/s provided)

<input type="checkbox"/> 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"/> Donor Assisted Conception and Surrogacy
<input type="checkbox"/> Pre-implantation Genetic Testing	

Please be aware that there is a charge per course for all trainees.

I confirm: (please tick each box)

That the facilities are available for training in: <i>(Please specify course)</i>	
That the trainee has been allocated an appropriate amount of time for training	
That I will carry out regular monthly appraisals.	
That I will supervise the trainee.	

I have read and agreed to follow the 'expectations of the trainer' document

Web link: <https://britishfertilitysociety.org.uk/education-training>

Signed..... Date.....