



# Higher Training Scheme Higher Certificate of Clinical Competence



## NON CLINICAL Registration Form

Which module do you want to register for ? \_\_\_\_\_

SURNAME		DATE OF BIRTH	
FORENAME		BAA MEMBERSHIP NO.	
TITLE (please circle)	Dr / Mr / Ms / Mrs / Miss	REGISTRATION STATUS (please circle)	Registered Clinical Scientist / Registered Clinical Physiologist / Pre- registration
<b>WORK ADDRESS</b>			
DEPT.			
HOSP/INSTITUTE			
ROAD			
TOWN			
COUNTY			
POSTCODE			
TELEPHONE			
FAX			
EMAIL			
<b>ADDRESS FOR INVOICING (IF DIFFERENT)</b>			

### Current Post

POST HELD	
DATE COMMENCED	
GRADE	
LINE MANAGER	

Qualifications gained since leaving school  
(HNC / HND / BSc / MSc / BAAT part 1 & 2 / CAC etc):

AWARD	SUBJECT	DATE AWARDED	INSTITUTION / AWARDING BODY

Supervisor:

SURNAME		GRADE	
FORENAME		BAA MEMBERSHIP NO. (if appropriate)	
TITLE (please circle)	Dr / Mr / Ms / Mrs / Miss	REGISTRATION STATUS (please circle, if appropriate)	Registered Clinical scientist / registered Clinical Physiologist / pre-registration
WORK ADDRESS			
DEPT.			
HOSP/INSTITUTE			
ROAD			
TOWN			
COUNTY			
POSTCODE			
TELEPHONE			
FAX			
EMAIL			

Mentor (if different from supervisor):

SURNAME		GRADE	
FORENAME		BAA MEMBERSHIP NO. (if appropriate)	

On completion of the registration form - please send directly to the registration co-ordinator at the address given on the BAA website (HTS section). Confirmation of receipt of the form will be sent by the registration co-ordinator. Following confirmation, you will receive an invoice for the amount owed directly from the BAA office. Payment will need to be received prior to the start of the module.

Current fees are given on the BAA website. Please note - it is only the registration fee that will be invoiced, not the assessment fee.

Please ensure all parts of this form are complete and enclosed, otherwise registration cannot take place.

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For office use only

Date received		Notes
Date assessed		
Date letter/ email sent		
Outcome	Agreed / Refer	