**APPLICATION FOR REGISTRATION AS A BIOSAFETY PRACTITIONER**

|  |
| --- |
| **1. APPLICANT DETAILS** |
| Title: | Nature of employment: |  |
| First name: | **Part-time**  **Full-time** | **Self-employed**  |
| Last name: | Employerʼs name and address: |  |
| Job title: |  |  |
| Email: Telephone number: |  |  |

|  |
| --- |
| **2. DETAILS OF ACCREDITED TRAINING** |
| Name of accredited training provider:Date training completed:Where was this training provided? | Course units completed:Confirm that certificate is attached:**Yes**  **No**  |
| Was only one provider used for all the training? **Yes**  **No** *If more than one provider was used then the extra information must be provided on a separate sheet (along with the necessary certification.* |

**3. ISTR MEMBERSHIP**

Are you a member of ISTR?

**Yes No**

(*If no then proceed to Section 4)*

How long have you been a member of the ISTR?

(*If less than 2 years, then Section 4 must also be completed)*

Is your membership of ISTR on the basis of work in the Biosafety field?

**Yes No** (*If no then proceed to Section 4)*

**4. DETAILS OF RELEVANT EXPERIENCE**

This section only requires completion if you have not been a full ISTR member for at least two years and that this membership is based on you working in a field relevant to Biosafety.

Describe in no more than 200 words how your current role provides experience relevant to the Biosafety profession:

How long have you been in this role?

This completed form must be sent to the ISTR Biosafety Accreditation Scheme Administrator

istr-biosafadministrator@istr.org.uk

Apr-18