



Please return completed forms to:
British Fertility Society Secretariat

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Fax: +44 (0) 1454 642222
Email: bfs@bioscientifica.com
Website: www.fertility.org.uk

British Fertility Society

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)

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"/>		

Please be aware that there is a charge per course.

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: <http://www.fertility.org.uk/education/index.html>

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