



Please return completed forms to:
British Fertility Society Secretariat

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Website: www.fertility.org.uk

British Fertility Society

Application for becoming a Trainer for a BFS Course

I wish to apply to be a trainer for the following course/s:
(Please tick the box/es provided)

Pelvic Ultrasound	<input type="checkbox"/>	Embryo Transfer	<input type="checkbox"/>
Assisted Conception	<input type="checkbox"/>	Management of a Fertility Service	<input type="checkbox"/>
Management of the Infertile Couple	<input type="checkbox"/>		

Name of trainer	
Centre	
Post	
Description of relevant duties and responsibilities	
Contact Details	E-mail: Daytime phone number:
BFS membership number	If not known, please contact us at the above address

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