



## THE SOCIETY FOR CARDIOLOGICAL SCIENCE AND TECHNOLOGY

Application to enter the Preceptorship Programme

(Please **print clearly** using **BLOCK CAPITALS** and fill in **ALL** sections of the form)

### Preceptee - Healthcare Science Practitioner (HSP) details

Title:		First Name:	
Surname:		Job title:	
Place of Work:		Contact Number:	
Email Address:		SCST Membership Number:	

### Preceptor details (Assessor)

Title:		First Name:	
Surname:		Job title:	
Place of Work:		Contact Number:	
Email Address:		Registration No: Professional Body (AHCS, HCPC, RCCP or SCST):	

Please send the completed form to:  
 SCST, C/O EBS, City Wharf, Davidson Road, Lichfield, Staffordshire WS14 9DZ  
 Or email to: [admin@scst.org.uk](mailto:admin@scst.org.uk)



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### Manager details

Title:		First Name:	
Surname:		Job title:	
Place of Work: & Contact No:		Email Address:	

### Preceptorship Overview

Start Date:			
Date of the next 3 x monthly progress review dates:			
2 year maximum preceptorship deadline date:			

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### Statements of Agreement

- We agree to support the preceptorship programme process
- We agree to meet on a monthly basis as far is reasonably practicable
- We agree to use planned meetings to review progress and discuss the Healthcare Science Practitioner's learning needs and objectives
- We agree to set SMART objectives with the Healthcare Science Practitioner that are clear and documented
- We agree to offer advice and feedback that is fair, substantiated and constructive
- We agree to comply with the responsibilities as outlined in the 'Preceptorship Guidance for Preceptors, Managers and Employers' and the 'Preceptorship Guidance for the Healthcare Science Practitioner' documents

	Signature	Date
HSP		
Preceptor		
Manager		

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### PAYMENT

#### PRECEPTORSHIP PROGRAMME - £175.00 (Electronic Submission Only)

Payment may be made by one of the following methods; please complete the relevant section below. Do not submit this form unless one of the following sections has been completed in full.

<b>CHEQUE</b>	<b>CREDIT CARD</b>	<b>INVOICE EMPLOYER</b>
Please make cheques payable to 'SCST'.  <div style="border: 1px solid black; padding: 5px; width: 150px; margin-top: 10px;">Cheque number:</div>	Please telephone 01543 442146 and request to pay the above amount by either credit or debit card.  <div style="border: 1px solid black; padding: 5px; width: 150px; margin-top: 10px;">Payment reference no:</div>	An official Purchase Order must be raised with your employer and submitted with this form. SCST is unable to invoice your employer without a PO number and the relevant paperwork. Applications will not be accepted without the PO paperwork.  <div style="border: 1px solid black; padding: 5px; width: 150px; margin-top: 10px;">PO number:</div>
		Address for invoice to be sent: ..... ..... ..... ..... ..... .....

### TERMS AND CONDITIONS

To apply for Preceptorship Programme, the Healthcare Science Practitioner must be a registered member of SCST.

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## **THE SOCIETY FOR CARDIOLOGICAL SCIENCE AND TECHNOLOGY**

### **Application to enter the Preceptorship Programme**

You will receive an email within 5 days confirming we have received this form and have registered you for the preceptorship programme. If you do not receive an email within that time, please call us on 01543 442146.

Please note, we are unable to issue any results until payment has been received.

Payment will need to be made by 28 days after the invoice has been issued.

Please send the completed form to:  
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