**Form 1 - AGIP registration as an Accredited Independent**

**Healthcare Professional in GI Physiology**

**Criteria**

Accredited Independent Membership will be given to those Healthcare Professionals who:

• Are Associate members of AGIP (BSG)

• Are state registered where appropriate

• Have a minimum of 3 years experience in GI Physiology

• Have obtained appropriate academic qualifications and professional competencies through one of our two approved training routes…

1. Scientist Training Programme for Gastrointestinal Physiology and Urodynamic Science (Modernising Scientific Careers) **or**
2. Accredited Specialist Scientific Practice (ASSP) route

Please note you may be asked to provide evidence of the portfolio you completed as part of your course (e.g. one file).

**Guidance notes**

The numbers listed here correspond with the superscript numbers found in the form:

1. Insert the title by which you are normally addressed (Dr, Mr, Mrs, Ms etc.)
2. This address will be the one given in the register. Please ensure you inform the AGIP Council of any future change in address
3. **Proposer 1** should be a senior clinician or your current line manager

**Proposer 2** must be an Accredited Independent Healthcare Professional in GI Physiology registered with AGIP. Proposers may be approached by the association for references. You may name an additional referee of your own choice if you wish

1. Complete this section on a separate sheet of paper if you need more room, please indicate any periods of employment in other fields or career breaks
2. Read this section regarding evidence of experience and current practice

**Personal Details**

Title (1):

Family Name: Given Name: Date of Birth:

Address for correspondence (2):

Postcode:

Telephone and extension: Fax:

Email:

AGIP Registration number:

**Proposers (3)**

**Proposer 1 – Senior clinician or your current line manager**

Title:

Family Name: Given Name: Date of Birth:

Address for Correspondence:

Postcode:

Telephone and extension: Fax:

Email:

I support the application of: Signed:

Date:

**Proposer 2 - Accredited Independent Healthcare Professional registered with AGIP**

Title:

Family Name: Given Name: Date of Birth:

Address for Correspondence:

Postcode:

Telephone and extension: Fax:

Email:

I support the application of: Signed:

Date:

**Professional Record**

Present Position: Grade:

Date appointed:

Address:

Postcode:

Telephone and extension: Fax:

Email:

**Previous positions in chronological order (4)**

Post: Grade:

From: To:

Address:

Post: Grade:

From: To:

Address:

Post: Grade:

From: To: Address:

**Evidence of previous experience and current practice (5)**

All applicants should provide a job description and CV that has been signed by their head of department / line manager.

Accreditation requires the applicant to have either completed the ASP or STP training routes. As part of these courses, applicants will have gone through rigorous specific training.

STP applicants must submit a certificate of completion and their registration documents. If the applicant is a Clinical Scientist, please submit evidence of HCPC registration.

ASP applicants will have completed “One File” competencies and End Point assessments. This course usually lasts 1-2 years and so applicants should provide proof of the relevant experience to account for the three years required for accreditation. This could be in the form of a detailed CV or other supporting documentation. Additional evidence may be requested at any time including evidence of One File entries.

If the individuals named as proposers in section 3 do not work directly with the applicant, then the council may also request a reference from the applicant’s head of the department.

**Declaration**

I declare that, if my application for Accreditation as an **Accredited Independent**

**Healthcare Professional in GI Physiology** is accepted by the council then for as long as I remain a member of AGIP I will:

• Observe a high standard of professional conduct in practicing as a Clinical GI Physiologist in gastroenterology

• Defer to the guidance and relevant rulings of the council in questions of conduct

• Maintain the dignity and welfare of the council and the reputation of the register to the best of my ability

I further declare that the information I have given is true and accurate

Signed

Name (Printed) Date

**Please return completed application and portfolio to: AGIP Accreditation Officer**

**Please see AGIP committee list BSG website:** [**https://www.bsg.org.uk/agip-%E2%80%93-association-of-gi-physiologists**](https://www.bsg.org.uk/agip-%E2%80%93-association-of-gi-physiologists)