

**BCS**

The Chartered Institute for IT

Group Operations

Professional Certifications First Floor, Block D

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**BCS International Diploma in Solution Development**

Candidate Registration Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Number** |  | **BCS Membership**  **Number** (If known) |  |

**Please print your name clearly as this will appear on your certificate**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title**  (Mr/Mrs/Ms/Dr etc) |  | **First Name** |  |
| **Surname/Last/Family Name** |  | **Other Given Name(s)** |  |
| **Previous Surname**  (If applicable) |  | **Date of Birth**  (DD/MM/YY)  For validation purposes |  |
| **Name of employer** |  |  |  |

**Home Address**

(A home address for communications is required. All written correspondence will be addressed to your home address unless otherwise stated)

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | | |
| Country |  | Home Telephone Number |  |
| Post Code/Zip Code |  | Mobile Number |  |
| Email Address |  | | |

**Please ensure you write your email address clearly as this may be used to notify you that your results are available**

**Previous Home Address**

(If you have moved since your last exam please provide the following)

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | | |
| Country |  | Post Code/Zip Code |  |

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Diploma in SD Candidate Registration Form (BSD6)

Version 10.1 - March 2019

**Modules Gained (please state full date passed)**

**Module Date Passed Name of Training Provider**

**Core (must hold SDE and either of the SMT Modules)**

|  |  |  |
| --- | --- | --- |
| Systems Development  Essentials |  |  |
| Systems Modelling  Techniques (Structured) |  |  |
| Systems Modelling  Techniques (UML) |  |  |

**Knowledge Based Specialism (must hold one of the modules below) Please indicate which module you hold that you wish to be examined on (ONE ONLY)**

|  |  |  |
| --- | --- | --- |
| Foundation Certificate in  Systems Development |  |  |
| Intermediate Certificate in  Enterprise & Solution  Architecture |  |  |
| Foundation Certificate in IT  Service Management  (V3 only) |  |  |
| ISTQB Certified Tester Foundation Level |  |  |

**Practitioner Specialism (must hold one of the modules below) Please indicate which module you hold that you wish to be examined on (ONE ONLY)**

|  |  |  |
| --- | --- | --- |
| Business Analysis Practice |  |  |
| Systems Design  Techniques |  |  |
| Practitioner Certificate in  Enterprise & Solution  Architecture |  |  |
| Integrating off-the-shelf  Software Solutions |  |  |
|  | | |

**Professional Qualifications**

**How We Use Your Data**

We know your personal information is important to you. We will store the information requested above so we can assess your application and communicate with you with regards to your registration and getting the most from your registration. We will pass this form to our Subject Matter Experts who will conduct the interview and may send it to the Chief Examiner in the event of a dispute. It is also possible that your Training Provider will have access to the completed form.

We will always keep your information safely and never share it with a third party, other than those mentioned above, without your permission.

You can view the BCS privacy policy at <https://www.bcs.org/catetgory/privacy>.

If you are a BCS member, you can update your marketing and communications preferences at any time through the MyBCS portal at <https://mybcs.org.uk>.

**Candidate Guidance for Completing this Form**

Please complete this form in as much detail as possible as this information will be used to form the basis of the discussion at the beginning of the oral examination.

Failure to complete the form with sufficient detail may result in your Oral Examination being postponed.

**Candidate Declaration:**

* I will comply with the relevant provisions of the scheme
* I will not use the certificate in a manner which will bring BCS or the certification scheme into disrepute
* I will not make any misleading claims about this certificate or certification scheme
* I understand that my examination result and mark will be passed to my Training Provider

|  |  |
| --- | --- |
| **Candidate Signature** |  |
| **Date** |  |

**Please email the completed form to eprofessional@bcs.uk**