

**BCS International Diploma in Business Analysis**

Candidate Registration Form

**BCS**

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| --- | --- | --- | --- |
| **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 |  |

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

|  |  |  |
| --- | --- | --- |
| **Module** | **Date Passed** | **Name of Training Provider** |

**Core (must hold the BAE or BAP as well as the RE) (see \* for RE exemptions)**

|  |  |  |
| --- | --- | --- |
| Business Analysis Essentials |  |  |
| Business Analysis Practice |  |  |
| Requirements Engineering |  |  |
| IIBA CBAP\* |  |  |
| IREB CPRE\* |  |  |

**\* if you hold one of these certificates you are exempt from the Requirements Engineering module**

**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 inCommercial Awareness |  |  |
| Foundation Certificate in Business Analysis |  |  |
| Foundation Certificate in Organisational Behaviour |  |  |
| Foundation Certificatein Business Change |  |  |
| Foundation Certificate in Project Management |  |  |
| IIBA CBAP\* |  |  |

**\* if you hold this certificate you are exempt from the modules listed under 'knowledge Based Specialism' modules**

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

|  |  |  |
| --- | --- | --- |
| Modelling Business Processes |  |  |
| Systems Modelling Techniques (Structured) |  |  |
| Systems Modelling Techniques (UML) |  |  |
| Systems Development Essentials |  |  |
| Data Management Essentials |  |  |
| Benefits Management and Business Acceptance |  |  |
|  |

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

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**