QUATE Aptitude Test for Cytotechnologists

**Registration Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications (with date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of Cervical cytology slides screened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date employment in cervical cytology commenced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you taken the QUATE Aptitude Test previously? Yes 🞎 No 🞎

If yes, where and when:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I apply to sit the Aptitude Test with (**please select your chosen technology**):

🞎 Conventional smears 🞎 Surepath LBC 🞎 ThinPrep LBC

Prefered language for use in the Aptitude Test:

🞎 English 🞎 French 🞎 German 🞎 Italian 🞎Other –specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Aptitude Test may not always be able to be offered in your first language. What languages would be acceptable?

🞎 English 🞎 French 🞎 German 🞎 Italian 🞎Other –specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that we can not always offer the Quate Aptitude Test in every language.

Signature: Date: \_\_\_/\_\_\_\_/\_\_\_\_\_

This application must be approved by your head of Department

(as verification that the applicant fulfils the entry criteria):

Signature: Head of Department Date: \_\_\_/\_\_\_\_/\_\_\_\_\_

The examination fee is:

* 80 € if you are also attending an EFCS tutorial or a European Congress of Cytology
* 150 € if you attend for the exam only.

**Please select one option**

🞎 Attending the Tutorial/Congress

🞎 Attending for the exam only

Payment:

The fee for the QUATE Aptitude Test must be paid in Euros into the following EFCS bank account:

IBAN: **BE33 0016 0681 9346**

BIC (BNP Paribas Fortis): **GEBABEBB**

Holder: **European Federation of Cytology Societies VZW**

Address of the Bank:

**Fortis Bank nv**

**Warandeberg 3**

**B-1000 Brussel**

**Belgium**

Proof of payment MUST be shown at the examination registration.

The completed form MUST be sent before the examination closing date to:

Mr Allan Wilson: [allan.wilson@lanarkshire.scot.nhs.uk](mailto:allan.wilson@lanarkshire.scot.nhs.uk) and Dr Paul Cross: [paul.cross1@nhs.net](mailto:paul.cross1@nhs.net)