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BCS

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**BCS International Diploma in Solution Development**

Candidate Registration Form

**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 10.4 – May 2024

**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 DevelopmentEssentials |  |  |
| Systems ModellingTechniques (Structured) |  |  |
| Systems ModellingTechniques (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 inSystems Development |  |  |
| Intermediate Certificate inEnterprise & SolutionArchitecture |  |  |
| ISTQB Certified Tester Foundation Level |  |  |
| Foundation Certificate in Digital Solutions Development |  |  |
| Foundation Certificate in Architecture Concepts and Domains |  |  |

**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 DesignTechniques |  |  |
| Practitioner Certificate inEnterprise & SolutionArchitecture |  |  |
| Integrating off-the-shelfSoftware 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. 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.

The interview will be conducted in accordance with the Data Protection Act 2018 and the interview and any related personal data will be processed in accordance with BCS data privacy policy available on our website via the following link: [BCS Privacy Policy](https://www.bcs.org/legal-and-privacy-notices/data-privacy-policy/)

If you are a BCS member, you can update your marketing and communications preferences at any time through the MyBCS portal.

**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:**

* By joining the interview, you are providing consent to be recorded. The interview will be recorded for quality monitoring and the appeal process.
* 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**