



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## APPLICATION FOR ENROLMENT IN THE PUBLIC HEALTH TRAINING PROGRAMME

### CONFIDENTIAL

THIS INFORMATION WILL BE STORED ON A DATABASE REGISTERED UNDER THE DATA PROTECTION ACT 1998

This form is to be completed and submitted to the Faculty of Public Health (FPH) **within three months** of taking up a Specialty Registrar appointment. PLEASE COMPLETE THE FORM IN BLOCK CAPITAL LETTERS.

### SECTION 1: TRAINEE COMPLETES THIS SECTION

SURNAME		GENDER	M [ ]	F [ ]
FIRST NAMES		DATE OF BIRTH		
FORMER NAME		PREFERRED TITLE		

1. Contact information: *NOTE: Please notify FPH immediately of any changes of address*

WORK ADDRESS	WORK TELEPHONE	WORK EMAIL
HOME ADDRESS	HOME TELEPHONE	HOME EMAIL
CORRESPONDENCE TO BE SENT TO WORK OR HOME?	WORK [ ]	HOME [ ]

## 2. Registration information

Give details of registration below (if applicable).

<b>GMC REGISTRATION TYPE</b>		<b>FULL</b> [ ]	<b>NOT APPLICABLE</b> [ ]
<b>GMC NUMBER</b>		<b>DATE GRANTED</b>	
<b>ARE YOU REGISTERED WITH ANOTHER PROFESSIONAL BODY?</b>		<b>YES</b> [ ]	<b>NO</b> [ ]
<b>IF YES, GIVE DATE OF DATES OF REGISTRATION, NATURE OF REGISTRATION, BODY HOLDING THE REGISTRATION</b>			

## 3. Public Health training programme

<b>I HAVE BEEN APPOINTED AS StR TO THE FOLLOWING GRADE</b>		<b>TRAINING PROGRAMME NUMBER (NTN)</b>	
<b>ST1</b> [ ]			
<b>ST2</b> [ ]			
<b>ST3</b> [ ]			
<b>ST4</b> [ ]			
<b>ST5</b> [ ]			
<b>AT (location):</b>	<b>DEANERY/REGION</b>	<b>INITIAL APPOINTMENT IS</b>	
		<b>FULL TIME</b>	[ ]
		<b>PART TIME</b>	[ %]
		If part time, express as a percent of full time	
<b>TYPE OF NHS CONTRACT</b>	<b>SUBSTANTIVE</b> [ ]	<b>DATE CONTRACT BEGINS</b>	
	<b>OTHER (Specify)</b> [ ]		
<b>NAME AND CONTACT INFORMATION OF PROGRAMME DIRECTOR OR TRAINING ADMINISTRATOR:</b>	<b>NAME:</b>	<b>ADDRESS:</b>	
	<b>POSITION:</b>	<b>TELEPHONE:</b>	
		<b>EMAIL:</b>	

#### 4. Education and professional qualifications

<b>PRIMARY QUALIFICATION or DEGREE OBTAINED (if applicable) and CLASS (this information is mandatory)</b>	<b>DATES ATTENDED</b>		<b>NAME &amp; COUNTRY OF AWARDING INSTITUTION</b>
	<b>DATE AWARDED</b>		
<b>GIVE DETAILS OF MEDICAL OR OTHER HIGHER QUALIFICATIONS</b>	<b>DATE OF AWARD</b>		<b>ISSUING BODY</b>
<b>QUALIFICATIONS IN PUBLIC HEALTH/PH MEDICINE</b>	<b>MFPHMI PTI/ PARTA MFPH</b>	<input type="checkbox"/>	<b>DATES &amp; DETAILS OF QUALIFICATIONS &amp; AWARDING BODY</b>
	<b>PART B MFPH</b>	<input type="checkbox"/>	
	<b>MSC/MPH PUBLIC HEALTH/OTHER</b>	<input type="checkbox"/>	
<b>OTHER RELEVANT QUALIFICATIONS</b>	<b>DATES AWARDED</b>		<b>DETAILS OF QUALIFICATIONS &amp; AWARDING BODY</b>

Please attach a CV giving a full description of all posts held since full registration or primary qualification or degrees and all other relevant public health experience. Please indicate reasons for any gaps.

## 5. Nationality

<b>PRESENT NATIONALITY</b>		
<b>IF NOT UK OR EEA, PLEASE INDICATE YOUR IMMIGRATION STATUS</b>	<b>UK RESIDENCE GRANTED</b> <b>PERMIT-FREE STATUS GRANTED</b> <b>WORK PERMIT</b> <b>VISITOR PERMIT</b> <b>OTHER (<i>Specify</i>)</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## 6. Declaration

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if subsequently it is discovered that any statement is false or misleading or that I have withheld relevant information, my application will be disqualified or, if I have already been appointed, I may be dismissed.

<b>SIGNATURE</b>	
<b>PRINT NAME</b>	
<b>DATE</b>	

## 7. Authorisation

Now please ask your Training Programme Director/Faculty Adviser to complete the next section of this form. Please attach your full CV, with additional sheets, if necessary, and a cheque made out to the "Faculty of Public Health" for the enrolment fee of £243, and send the form and fee to the Training & Sponsorship Administrator at FPH.

**IMPORTANT: You must enrol within three months of taking up your training post.**

**SECTION 2: TRAINING PROGRAMME DIRECTORS/FACULTY ADVISERS COMPLETE THIS SECTION**

*Trainees with a medical background and seeking registration with General Medical Council (GMC) are expected to have full GMC registration and have a completion of a Foundation year 2 programme or the equivalent competencies.*

*For those applicants from a medical background, please would the Training Programme Director/ Faculty Advisor complete this section*

**1. Foundation Programme (or equivalent)**

F1 and F2- Foundation year 1 (F1) and Foundation year 2 (F2) make up the two year Foundation Programme which all UK medical graduates are required to undertake before progressing to Specialty Training.

1. Please submit the copies of the following documentation as evidence of achievement of Foundation Competences:
  - Foundation Competence- Document B (Evidence of completed SHO, Specialty Training or FTSTA posts)
  - Foundation Competence- Document C (Portfolio evidence of achievement of competencies)
  - Foundation Competence –Document D (Checklist of competencies achieved, countersigned by trainer)

**COMMENTS:**

**2. Trainees seeking registration with the UK Public Health Register** are expected to have undertaken at least 36 months (wte) post graduate work experience in an area relevant to public health practice, including academic work.

<b>POST</b>	<b>DATES</b>	<b>COUNTRY IF NOT EEA</b>	<b>MONTHS COUNTED AS PUBLIC HEALTH EXPERIENCE</b>

**COMMENTS:**

### 3. Appointment

Please check that the information given by the applicant concerning the appointment is correct. In addition, please give the following details, if they apply:

<b>IS THIS AN FTTA?</b>  YES [ ]                  NO [ ]	<b>IF YES, FOR HOW LONG?</b>	<b>IF YES, IS IT A TYPE I? (i.e. can be applied toward a CCT if joins a training programme)</b>  YES [ ]                  NO [ ]
<b>HAS THE APPLICANT ALREADY COMPLETED AN ACADEMIC PUBLIC HEALTH COURSE?</b>	YES [ ]	NO [ ]
<b>IF YES, GIVE DETAILS OF THE QUALIFICATION, THE DATES AND THE AWARDING BODY</b>		
<b>WILL THE APPLICANT BE UNDERTAKING AN ACADEMIC PUBLIC HEALTH COURSE FOLLOWING APPOINTMENT?</b>	YES [ ]	NO [ ]
<b>IF YES GIVE DETAILS OF THE QUALIFICATION THE PROPOSED DATES AND THE AWARDING BODY</b>		
<b>WILL THE APPLICANT BE RECEIVING A CCT OR CESR AT THE END OF TRAINING</b>	CCT [ ]  CESR VIA THE COMBINED PROGRAMME ROUTE (CESR (CP)) [ ]	
<b>IF THE APPLICANT WILL BE RECEIVING CESR VIA THE COMBINED PROGRAMME ROUTE (CESR (CP)) PLEASE CONFIRM THE ENTRY POINT</b>		
<b>IF THE APPLICANT WILL BE RECEIVING CESR VIA THE COMBINED PROGRAMME ROUTE (CESR (CP)) PLEASE STATE THE COMPETENCIES ATTAINED AND DEMONSTRATED ON A SEPARATE SHEET</b>		

**COMMENTS:**

#### 4. Provisional date for the award of CCT/CESR (CP)

*Normally, the CCT would be FIVE years from the start date when an academic year is being recommended.*

<b>WHAT PROVISIONAL CCT/CESR (CP) DATE HAVE YOU ASSIGNED?</b>	
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#### COMMENTS:

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#### 5. Authorisation

<b>TPD/FA SIGNATURE</b>	
<b>PRINT NAME</b>	
<b>DATE</b>	
<b>REGION/DEANERY</b>	

**SECTION 3: FPH DIRECTOR OF REGISTRATION AND TRAINING COMPLETES THIS SECTION**

**1. Previous experience (please complete)**

<b>Post accepted</b>	<b>Dates</b>	<b>Number of months WTE</b>	<b>Country if not UK</b>
<b>FY2 competences achieved</b>			
<b>Public Health Training/Experience (For Public Health Specialty Registrars with the background other than medicine)</b>			

**2. Comments**

### 3. Authorisation

Is this application approved?

YES  NO  Enrolment fee paid \_\_\_\_\_ (date)

<b>PROVISIONAL CCT/CESR (CP) EXPECTED COMPLETION OF TRAINING DATE</b>	
<b>SIGNATURE</b>	
<b>PRINT NAME</b>	
<b>DATE</b>	