

FACULTY OF PUBLIC HEALTH 2011-2012 PROPOSALS

Proposal for distinction or honorary grade of membership

*Please read the accompanying guidance notes before completing the proposal form.
Continuation sheets, CVs, forms from previous years and hand written forms will not be accepted.
Each proposal must be signed by two FPH Fellows. Both signatures must appear on the same form.
Electronic signatures will be accepted by the deadline but hard copies must be posted to FPH office.*

*Please return the form to the Registrar, Faculty of Public Health,
4 St Andrew's Place, London, NW1 4LB or to Distinction@fph.org.uk by **Wednesday 30 November 2011**.*

Please tick **one** box:

Membership through Distinction <input type="checkbox"/>	Fellowship through Distinction <input type="checkbox"/>
Honorary Membership <input type="checkbox"/>	Honorary Fellowship <input type="checkbox"/>

Candidate's surname:	Forename(s):	Professional title:	Sex:
Candidate's postal address:		Candidate's email address:	
Candidate's daytime tel no:		Candidate's date of birth:	
Membership of other professional organisations (<i>please do not use abbreviations</i>):			
Primary qualification (date and institution):			
Subsequent qualifications/honours and training (dates and institutions): Briefly explain how any non-UK qualifications and training compare to UK academic or professional equivalents and to local norms/availability (Criteria A)			
Current job title and current employer (Criteria B)			
Please explain why the examination and exemption route to membership are not appropriate for this candidate			

Please turn over

Briefly explain how the current post compares in seniority to UK posts (eg trainee/practitioner/lecturer/consultant/professor/strategic management etc) and whether current post is a specialist public health post or is part of the wider public health workforce (Criteria B)

Employment history

List of previous appointments in last 7 years (most recent first). Please take time to explain any International job titles which may not be easily given parity with UK job titles in order to aid the Committee in their decision making. (Criteria B)

In the box below, please outline the nominee's contribution to public health practice, policy or research or the speciality of public health. Please take time to explain terminology (especially International terminology) which will aid the Committee in interpreting the evidence.

It is the responsibility of proposers to highlight the work of the candidates they are nominating in order to bring key elements to the committee's attention. Failure to explain this fully could result in the committee being unable to form a full view of the candidate's contribution to public health.

(Box Maximum – 500 words). (Criteria C)

Please turn over

In the box below, please summarise the candidate's existing contribution (with dates), or potential contribution and benefit to FPH (Criteria D)

Each proposal must be signed by two good standing FPH Fellows. Both signatures must appear on the same form.

NAME OF PROPOSER (1):

PRESENT APPOINTMENT:

ADDRESS FOR CORRESPONDENCE:

DAYTIME TEL NO:

EMAIL ADDRESS:

In what capacity do you know this candidate or know of his/her work? (eg work colleague, vouch for professional competence, personal friend, etc)

I confirm that I do not stand to gain any personal benefit from this nomination. I also confirm that I am a Fellow in good standing and that I comply with the minimum CPD standards required by the Faculty. I confirm that I have adequate knowledge of the candidate's work and, as a Fellow of the Faculty, my professional opinion is that (s)he meets the specified criteria for the proposed distinction grade.

SIGNATURE:

DATE:

Each proposal must be signed by two good standing FPH Fellows. Both signatures must appear on the same form.

NAME OF PROPOSER (2):

PRESENT APPOINTMENT:

ADDRESS FOR CORRESPONDENCE:

DAYTIME TEL NO:

EMAIL ADDRESS:

In what capacity do you know this candidate or know of his/her work? (eg work colleague, vouch for professional competence, personal friend, etc)

I confirm that I do not stand to gain any personal benefit from this nomination. I also confirm that I am a Fellow in good standing and that I comply with the minimum CPD standards required by the Faculty. I confirm that I have adequate knowledge of the candidate's work and, as a Fellow of the Faculty, my professional opinion is that (s)he meets the specified criteria for the proposed distinction grade.

SIGNATURE:

DATE:

Please check that you have completed all parts of the form.

Thank you.