



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

APPLICATION FORM FOR ENTRY OR RE-ENTRY TO PART B (OSPHE) MEMBERSHIP EXAMINATION (2005 GUIDANCE) (For entry to OSPHE 2011/2012)

The guidance for application should be read before submission of this form. The guidance can be found on the Faculty website www.fph.org.uk Please complete this form in full. Write clearly and in capitals.

SURNAME (*Block capitals*)

FORENAME(S)

TITLE: Dr [] Mr [] Mrs [] Miss [] Ms [] Other

FULL POSTAL ADDRESS (*Block capitals*)

This will be the address used for all examination correspondence including examination results

.....

.....

..... POSTCODE

DATE OF BIRTH GENDER: [M] [F]

EMAIL.....

HOME TEL:WORK TEL:MOBILE:

PROFESSIONAL REGISTRATION [] GMC REG No

[] OTHER: REGISTERING AUTHORITY REG No

PRESENT POST AND EMPLOYING AUTHORITY

DEANERY (if applicable) or equivalent.....

DATE PART I/PART A PASSED/EXEMPTION GRANTED

Expected CCT DATE

Enrolment date

Please note that any applicant on a formal Training Programme will not be able to sit the Part B OSPHE unless they are enrolled with the Faculty.

PLEASE INDICATE BELOW YOUR ORDER OF PREFERENCE FOR EXAMINATION SITTING

Please note: Places are offered on a first come first served basis and that your first choice in any OSPHE sitting is not guaranteed. Therefore, please ensure that your second choice date is kept free until a confirmation of entry to a sitting has been received in writing.

Depending on demand for each sitting, some sittings may be cancelled and new dates arranged.

9 December 2011		10 February 2012		20 April 2012	
27 July 2012		19 October 2012		7 December 2012	

ARE YOU RESITTING THE EXAMINATION? YES/NO

If yes, you must declare your previous attempts here:

DATE

DATE

DATE

DATE

Candidate applying for re-sit OSPHE should complete the section below

CCT date	
Date of previous OSPHE attempt	
Preferred date for re-sit	

Candidates willing to be on standby for cancellations

If you are willing to be on standby for cancellations for sitting at four weeks notice, please complete the section below. Please note that even if you complete this section you must make a booking for examination through the normal route as well.

Please indicate all dates when you are willing to be on standby for cancellations	February 1		April 8		July 8	
	October 7		December 9			
Please give a telephone number/s for day time contact						

DO YOU HAVE ANY SPECIAL CIRCUMSTANCES WHICH MAY AFFECT YOUR ABILITY TO TAKE THE EXAMINATION, e.g. PREGNANCY, DISABILITY, CHRONIC MEDICAL CONDITION?

[YES] [NO]

(Please provide full details on a separate sheet)

FEE ENCLOSED (please see examination schedule for annual costs)

(payment by cheque or money order; please make payable to the "Faculty of Public Health")

Please check box by appropriate fee:

- Full fee for UK examination
- (add £20 if correspondence address is outside EU)*
- '4-year package' reduction (paying 25% of the UK fee)
(Only for candidates participating in the full benefit 4-year membership subscription scheme, and only for the first attempt at the examination since joining the scheme)

I ENCLOSE £.....

I wish to be considered for the Anne Thomas prize because I consider I am an SpR / SpT / StR member of the Faculty in a recognised UK Public Health Training post and:

- Work as a trainee in Wales, or
- I am Welsh working as a trainee outside Wales but within the UK.

Note: It is candidates' responsibility to check regularly the Faculty's website to make sure that they have seen the most recent information and guidance.

Please note the names of successful candidates will be published on the Faculty website. Faculty Advisers and the Education Committee will be notified of all results, including failed attempts and will have access to the list of people who have applied to take OSPHE.

The Data Protection Act (1998) requires organisations or agencies collecting personal data on individuals to gain their consent before collecting, storing, publishing or analysing their data. By completing and signing this application form you are giving your consent for your data to be stored and used by the Faculty of Public Health. All data will be treated with the strictest confidence and will only be used for legitimate FPH purposes.

I confirm I have read the OSPHE guidance, accept its conditions and that the information submitted herewith is correct.

Signed **Date**

EQUAL OPPORTUNITIES MONITORING FORM

This form will play no part in our selection decision and is for monitoring purposes only. The information disclosed will not be passed to the examiners.

NAME

GENDER Female Male

(Please put an X in the appropriate box)

Please state where you obtained your primary (first) professional qualification or first degree:

UK European Community (but not UK) Outside EC

DISABILITY Do you have a disability? Yes No

(Defined as the loss or limitation of opportunities to take part in the normal life of the community on an equal part with others due to physical or social barriers and discrimination.)

I do not wish to disclose this information

ETHNIC ORIGIN

Please indicate which ethnic group you belong to

(N.B. these categories are recommended by the Commission for Racial Equality).

I do not wish to disclose this information

White

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other White background, please write in	<input type="checkbox"/>

Mixed

White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed background, please write in	<input type="checkbox"/>

Asian or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background, please write in	<input type="checkbox"/>

Black or Black British

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background, please write in	<input type="checkbox"/>

Chinese or other ethnic group

Chinese	<input type="checkbox"/>
Any other, please write in	<input type="checkbox"/>

AGE

Date of birth