



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 A MEMBERSHIP EXAMINATION OF THE FACULTY OF PUBLIC HEALTH

2001 REGULATIONS

Please read the examination regulations and complete this form clearly in BLOCK CAPITALS, enclosing relevant documentation as requested. Faxed application forms CANNOT be accepted.

SURNAME

FORENAME(S).....

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

FULL POSTAL ADDRESS

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

.....

.....

..... POSTCODE

DATE OF BIRTH..... GENDER: [M] [F]

E-MAIL.....

WORK TEL..... HOME TEL

MOBILE TEL.....

ARE YOU CURRENTLY IN A UK PUBLIC HEALTH (MEDICINE) TRAINING POST?

YES: SPR [] (*specialist registrar*) SPT [] (*specialist trainee*) StR [] (*specialty registrar*)

POST LOCATIONEMPLOYING AUTHORITY.....

ENROLMENT DATE.....

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

NO: [] PLACE OF EMPLOYMENT.....

CURRENT AREA OF WORK

Public Health Medicine
Primary Care
Department of Health or equivalent
Other (please specify)

Public Health
Community Health
Academic

PLEASE LIST ANY MASTERS PROGRAM YOU HAVE COMPLETED OR ARE CURRENTLY ENROLLED IN THAT IS RELATED TO PUBLIC HEALTH

DEGREE (i.e. MPH, MSc etc.).....INSTITUTION.....

COURSE TITLE.....

YOU MUST SUPPLY THE FOLLOWING PROOFS OF ELIGIBILITY:

1) INDICATE YOUR QUALIFICATIONS:

DEGREE(S) DATE CONFERRED BY
..... DATE CONFERRED BY

OTHER PROFESSIONAL QUALIFICATIONS OR EQUIVALENT EXPERIENCE (*add covering note or CV if necessary*)
.....

2) PROVIDE SUPPORTING DOCUMENTATION:

(*Only necessary with first-time applications or if your registration status has changed*)

- To avoid breakage or injury, please do not send certificates in glass frames.
- You must include a certified translation for documents which are not written in English.
- If you have changed your name (e.g. due to marriage) and enclosed certificates bear your original name, you must provide documentary evidence of the change.

A) IF REGISTERED WITH THE GMC

- Enclose only a copy of your current registration certificate and fill in the boxed details below.

OR

B) IF REGISTERED WITH A DIFFERENT HEALTH PROFESSION

- Enclose the original certificate of your primary qualification e.g. medical or Bachelors degree (or equivalent).
- Please also enclose a copy of your current registration certificate and fill in the boxed details below.

OR

C) IF NOT PROFESSIONALLY REGISTERED

- Enclose the original certificate of your primary qualification e.g. medical or Bachelors degree (or equivalent).

<u>Details of professional registration:</u>	
Registering authority:.....	Type of registration:.....
Registration/Identification number:.....	
Date obtained:.....	Valid until:.....

3) INDICATE IF YOU HAVE RECEIVED AN UNSUCCESSFUL RESULT IN ANY PREVIOUS PART A/DIPLOMA & PART I MFPH(M) OR PART I MFPHMI EXAMINATION(S):-

DATE	<u>VENUE</u>	UK/Hong Kong []	Ireland []
DATE	<u>VENUE</u>	UK/Hong Kong []	Ireland []
DATE	<u>VENUE</u>	UK/Hong Kong []	Ireland []
DATE	<u>VENUE</u>	UK/Hong Kong []	Ireland []
DATE	<u>VENUE</u>	UK/Hong Kong []	Ireland []

INDICATE IF YOU HAVE PREVIOUSLY BANKED PART OF THE PART A/DIPLOMA & PART I MFPH EXAMINATION:-

PAPER I BANKED ON (DATE)
PAPER II BANKED ON (DATE)

DECLARATION OF INTENT

I INTEND TO TAKE THE EXAMINATION ON: (*Enter date of sitting*)

I INTEND TO TAKE THE EXAMINATION AT VENUE: UK (London) Hong Kong

DO YOU HAVE ANY SPECIAL CIRCUMSTANCES WHICH MAY AFFECT YOUR ABILITY TO TAKE THE EXAMINATION, e.g. PREGNANCY, DISABILITY? [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 only; 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*)
- Full fee for Hong Kong examination
- '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 £.....

DOCUMENTATION ENCLOSED

.....

(*For security, original certificates will be returned to you in person at the examination sitting.*)

Faculty Advisers, Training Programme Directors and the Education Committee will be notified of all results, including failed attempts. Please note the names of successful candidates will also be published on the Faculty website.

If you do not wish your name to be published on the website please tick this box:

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 that I have read the Part A regulations and guidance, accept its conditions and that the information submitted herewith is correct.

SIGNATURE DATE

REMINDER OF APPLICATION DEADLINE

The application closing date given in the examination schedule is **absolute**. You are advised to send in your application at least two weeks before the deadline so that any mistakes may be rectified in good time. No allowance can be made for postal delays unless using registered/recorded delivery with proof of postage.

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