



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 2010)

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. Candidates will normally be notified of the exact date, time and location of their examination six to eight weeks prior to the examination date and after the published closing dates.

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

| | | | | | |
|--------------------|--|----------------|--|-------------------|--|
| March 5 | | July 16 | | October 15 | |
| December 10 | | | | | |

ARE YOU RESITTING THE EXAMINATION? YES/NO

If yes, you must declare your previous attempts here:

DATE
 DATE
 DATE

Candidate applying for resit OSPHE should complete the section below

| | |
|--------------------------------|--|
| CCT date | |
| Date of previous OSPHE attempt | |
| Preferred date for resit | |

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 | March 5 | | July 16 | | October 15 | |
| | December 10 | | | | | |
| 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)

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