

Specialty Registrar Membership

Your admission checklist

Please return all forms to membership@fph.org.uk

I wish to accept nomination for Specialty Registrar Membership of the Faculty of Public Health and enclose:

The signed declaration of faith and data protection consent (see below)

The completed equal opportunities monitoring form

Data Protection and Declaration of Faith

Data Protection

The Data Protection Act 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 checklist for admission 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.

Declaration of Faith

I hereby faithfully promise to abide by the Standing Orders of the Faculty of Public Health and the laws, bye-laws, statutes and regulations of the Royal Colleges of Physicians of the United Kingdom as they apply to Membership of the Faculty of Public Health.

Full

Name: _____

Signature: _____

Date: _____

Equal opportunities monitoring

In order to comply with the Race Relations (Amendment) Act 2000, we need to collect data to help us to monitor our progress towards equal opportunities. This information will be retained on the FPH database and treated in the strictest confidence in line with the provisions of the Data Protection Act.

Your name:

Ethnicity

(This question does not concern your nationality, citizenship, place of birth or what passport you hold – it is about ethnic origin only)

Please check one of the boxes:

White British	<input type="checkbox"/>	White & black Caribbean	<input type="checkbox"/>
White European	<input type="checkbox"/>	White & black African	<input type="checkbox"/>
White Other	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>
Black European	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>
Other (please specify)			
I do not wish to disclose this information			<input type="checkbox"/>

Disability

The Disability Discrimination Act 2005 considers a person disabled if:

- they have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months **and if**
- this condition or disability has a substantial adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as set out under the Disability Discrimination Act 2005?

Yes No I do not wish to disclose this information

Please also detail below any specific requirements that you need in order to best enjoy your membership with FPH. These can include large print versions of bulletins and publications as well as accessibility requirements for when you visit our offices and attend our events.