



# APPLICATION FORM

Event title:			
Start date:		End date:	
Providing organisation's name, postal address and website details/hyperlink to event (if applicable):			
Venue name and location:		Lead organiser:	
Delegate fee (if any):		Nominated contact: (name, telephone and email)	
Commercial sponsors (if any):		Number of CPD credits applied for: As a guide count 1 credit per hour of real education; 3 for a half-day and 5 for a full day.	
Minimum number of participants:		Maximum number of participants:	
Have you run this event, or a similar event, previously?      Yes      No			
If yes, please provide the date and location.			
You will be required to attach to your application any post-course evaluation reports.			

## EDUCATIONAL INFORMATION

### Target audience

Career grades     
  Training grades     
  Non-medical

### Target audience – geographical area

Local     
  Regional     
  National     
  International

How and where do you intend to advertise your event?

Please state the overall aim of the event and topics covered:

**Please state the anticipated learning outcomes and objectives of the event:**

1	
2	
3	
4	

**Please select which key area(s) for public health competence are addressed in the event**

- Key Area 1: Use of public health intelligence to survey and assess a population's health and wellbeing
- Key Area 2: Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations
- Key Area 3: Policy and strategy development and implementation
- Key Area 4: Strategic leadership and collaborative working for health
- Key Area 5: Health improvement, determinants of health and health communication
- Key Area 6: Health protection
- Key Area 7: Health and care public health
- Key Area 8: Academic Public Health
- Key Area 9: Professional personal and ethical development (PPED)
- Key Area 10: Integration and application of competence for consultant practice

**Please select which attribute(s) from the four domains of Good Medical Practice below are addressed in the event:**

**KNOWLEDGE, SKILLS AND PERFORMANCE**

- Develop and maintain your professional performance
- Apply knowledge and experience to practice
- Record your work clearly, accurately and legibly

**SAFETY AND QUALITY**

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

**COMMUNICATION, PARTNERSHIP AND TEAMWORK**

- Communicate effectively
- Work collaboratively with colleagues to maintain or improve patient care
- Establish and maintain partnerships with patients
- Teaching, training, supporting and assessing
- Continuity and coordination of care

**MAINTAINING TRUST**

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

If the event or programme is not public health related, please provide a brief explanation of how it is contextualized for the wider public health workforce:

**What teaching methods will be used?**

Lectures     Tutorials     Demonstrations     Practicals     Workshops

Discussion groups     e-Learning     MCQs     Individual performance reviews

Other (please specify):

**Has this event been previously approved for CPD by another Medical Royal College or Faculty?**

Yes     No

If Yes, please provide further details below.

**SUPPORTING DOCUMENTS**

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Please indicate which supporting documents you are submitting with your application.

**The first two items are mandatory.**

- Event programme detailing topics mapped to key areas of public health and domains and attributes of Good Medical Practice
- Copy of the delegate evaluation form
- List of speakers, their post/title and short CV or mini-biography (mandatory, if applicable)
- Event provider's evaluation record from previous, on-going or recurring events (mandatory, if applicable)
- Event learning materials (where applicable)
- Pre- or post-course educational activity (where applicable)

**CONFLICT OF INTEREST**

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Please provide details of any conflict of interests below. A conflict of interest exists where the educational programme or structure of the event is influenced or biased by commercial organisations.

## TYPE OF ORGANISATION

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What is your organisation type?

- Commercial with attendance fee
- Non-commercial with attendance fee
- Non-commercial, free to attend

Please contact [cpd@fph.org.uk](mailto:cpd@fph.org.uk) for further details on application and fee, or to make a payment.

Name:

Date:

Signature: