



# 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 THE FACULTY OF PUBLIC HEALTH FINAL MEMBERSHIP EXAMINATION (MFPH)) (2005 GUIDANCE) (For entry to MFPH OSPHE 2020)

*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](http://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 .....

**Please note that any examination pass achieved prior to, or while on a break from the training scheme, will only be considered valid for CCT as long as the candidate enters or re-enters the training programme within seven years of passing the examination.**

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

**DATE PART I/PART A/DFPH 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 MFPH 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 MFPH 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.*

<b>26 February 2020 (London)</b>		<b>23 April 2020 (London)</b>		<b>10 June 2020 (Manchester)</b>	
<b>22 September 2020 (London)</b>		<b>04 December (London)</b>			

**ARE YOU RESITTING THE EXAMINATION? YES/NO**

If yes, you must declare your previous attempts here:

DATE .....

DATE .....

DATE .....

DATE .....

Please note that no candidate will normally be permitted more than six attempts at the examination without providing evidence of additional educational experience. Guidance regarding the additional educational experience process can be found on the FPH website in the section dealing with the application process. Candidates applying for their seventh or subsequent sitting will need to submit the additional attempt form in addition to the standard application form. This form is also located on the FPH website in the section dealing with the application procedure.

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

CCT date	
Date of previous MFPH 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	<b>26 February 2020</b>		<b>09 April 2020</b>		<b>22 September 2020</b>	
	<b>04 December 2020</b>					
Please provide telephone number 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 along with supporting evidence and a letter of support from your TPD)**

**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)

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 MFPH 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. If you are registered with the GMC, your personal data will be passed securely to the GMC for quality assurance purposes.

**I confirm I have read the MFPH 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