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| **Please read the Nominations Guidance notes prior to completing this proposal form****\_\_\_\_\_\_\_\_\_**Typed proposals must be signed by two FPH Fellows currently in good standing. Electronic signatures will be accepted but both signatures must be on the same form. Please note that that there is no limit on the number of nominations each Fellow can make.Self-nominations will not be accepted. Hand written forms will not be acceptedPlease return the form to the Registrar, Faculty of Public Health,4 St Andrew’s Place, London, NW1 4LB or to membership@fph.org.uk by **17:00 on 06 December 2019** |
| **Nomination Details** |
| Nominee’s surname: | Forename(s): | Professional title: | Gender: |
| Nominee’s postal address: | Nominee’s email address: |
| Nominee’s contact tel no: | Nominee’s date of birth:  |
| **Section 1** – For which membership category are you nominating this person?Please tick one box. |
| Practitioner Membership through Distinction □Membership through Distinction □Fellowship through Distinction □Honorary Membership □Honorary Fellowship □ |

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| **Section 2** - Is the nominee working in core public health?(see definition in nominations guidance) |
| Yes □ If selected, nominee will probably be put forward for a distinction gradeNo □ If selected, nominee will probably be put forward for an honorary gradeIf you have ticked “yes” please provide evidence in section 4 below |
| **Section 3** - Is the nominee working at specialist level or equivalent? |
| Yes □ This is the minimum standard required for Fellowship with FPHNo □ If selected, then your nominee will not be eligible for Fellowship with FPH and will be considered for Membership (MFPH) or Practitioner Membership (PFPH)If you have ticked “yes” please provide evidence in section 4 below |
| **Section 4 –** Key assessment criteria |
| A: Current job title and employer of Nominee |
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| B:Please list:1. Professional qualifications/honours and training (dates and institutions);
2. Professional organisations that your nominee is a member of.
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| C: CITATION - Please provide evidence that the nominee has made a substantial contribution the science, literature or practice of public health and has raised the profile of public health.**Please write a maximum of 300 words.** |
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| D:How is awarding membership to this person likely to benefit FPH? **Please write a maximum of 300 words.** |
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| **For FPH Fellows**As a proposer you must be aware that you are the first stage in FPH’s formal assessment process for distinction and honorary grades and that by signing this form, you are making a personal and professional recommendation to FPH.Each nomination document must be signed by two FPH Fellows currently in good standing. Both signatures must appear on the same form. |
| Name of first proposer: Current Job Title and Employer: Postal Address: Telephone Number: Email Address: In what capacity do you know this nominee or know of his/her work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I undertake that I have sufficient knowledge of this nominee and his/her work and that I am satisfied that this nominee meets the criteria for Membership/Fellowship of the Faculty as proposed.I confirm that I do not stand to gain any personal benefit from this nomination. I also confirm that I am a Fellow in good standing and that I comply with the minimum CPD standards required by the Faculty.Signature: Date: |
| Name of second proposer: Current Job Title and Employer: Postal Address: Telephone Number: Email Address: In what capacity do you know this nominee or know of his/her work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I undertake that I have sufficient knowledge of this nominee and his/her work and that I am satisfied that this nominee meets the criteria for Membership/Fellowship of the Faculty as proposed.I confirm that I do not stand to gain any personal benefit from this nomination. I also confirm that I am a Fellow in good standing and that I comply with the minimum CPD standards required by the Faculty.Signature: Date: |