



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 DIPLOMATE MEMBERSHIP EXAMINATION OF THE FACULTY OF PUBLIC HEALTH

2010 REGULATIONS

*Please read the examination regulations and complete this form clearly in BLOCK CAPITALS,
enclosing relevant documentation as requested.*

SURNAME

FORENAME(S).....

TITLE: Dr. [] Mr. [] Mrs. [] Miss [] Ms. [] Other GENDER:

FULL POSTAL ADDRESS

*(Please note that as of March 2018 examination results will be sent by email only to the email
address provided below).*

.....
.....

..... POSTCODE

DATE OF BIRTH..... E-MAIL

MOBILE TEL..... WORK TEL.....

ARE YOU CURRENTLY IN A UK PUBLIC HEALTH TRAINING POST?

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.

YES: [] POST LOCATION DEANERY:.....

EMPLOYING AUTHORITY

ENROLMENT DATE.....

Please note that any applicant on a formal Training Programme will not be able to sit the Diplomat Examination unless they are enrolled with the Faculty.

NO: [] PLACE OF EMPLOYMENT.....

CURRENT AREA OF WORK

Public Health Medicine	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Community Health	<input type="checkbox"/>		
Department of Health or equivalent	<input type="checkbox"/>	Academic	<input type="checkbox"/>		

PLEASE LIST ANY MASTERS PROGRAM YOU HAVE COMPLETED OR ARE CURRENTLY ENROLLED
IN THAT IS RELATED TO PUBLIC HEALTH

DEGREE (i.e. MPH, MSc etc.).....INSTITUTION.....

COURSE TITLE.....

YOU MUST SUPPLY THE FOLLOWING PROOFS OF ELIGIBILITY:

Please note that if you wish to submit your application by email, hard copies of any supporting documentation will still be required by post

1) INDICATE YOUR QUALIFICATIONS:

DEGREE(S) DATE CONFERRED BY
..... DATE CONFERRED BY

OTHER PROFESSIONAL QUALIFICATIONS OR EQUIVALENT EXPERIENCE (*add covering note or CV if necessary*)
.....

2) SUPPORTING DOCUMENTATION:

Applicants on the public health training scheme or registered with the GMC are **not** required to provide evidence of their university degree or GMC certificate. However, if registered with the GMC please do provide your details in the box below.

- To avoid breakage or injury, please do not send certificates in glass frames.
- You must include a certified translation for documents which are not written in English.
- If you have changed your name (e.g. due to marriage) and enclosed certificates bear your original name, you must provide documentary evidence of the change.

A) IF REGISTERED WITH THE GMC AND NOT IN A UK PUBLIC HEALTH TRAINING POST enclose only a copy of your current registration certificate and fill in the boxed details below.
OR

B) IF REGISTERED WITH A DIFFERENT HEALTH PROFESSION AND NOT IN A UK PUBLIC HEALTH TRAINING POST enclose the original certificate of your primary qualification e.g. medical or Bachelors degree (or equivalent). Please also provide your registration details in the boxed details below.

OR

C) IF NOT PROFESSIONALLY REGISTERED AND NOT IN A UK PUBLIC HEALTH TRAINING POST enclose the original certificate of your primary qualification e.g. medical or Bachelors degree (or equivalent).

Details of professional registration:

Registering authority:..... Type of registration:.....
Registration/Identification
number:.....
Date obtained:..... Valid until:.....

3) PLEASE INDICATE HOW MANY UNSUCCESSFUL ATTEMPTS YOU HAVE HAD IN ANY PREVIOUS DIPLOMATE/PART A/DIPLOMA & PART I MFPH(M) OR PART I MFPHMI EXAMINATION(S):

Previous Attempts []

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.

INDICATE IF YOU HAVE PREVIOUSLY BANKED PART OF THE DIPLOMATE/PART A/DIPLOMA & PART I MFPH EXAMINATION:-

PAPER I BANKED ON (DATE)
PAPER II BANKED ON (DATE)

DECLARATION OF INTENT

I INTEND TO TAKE THE EXAMINATION ON: (*Enter date of sitting*)

I INTEND TO TAKE THE EXAMINATION AT VENUE: UK (London) ☐ Hong Kong ☐

SPECIAL CIRCUMSTANCES

Do you have any special circumstances which may affect your ability to take the exam, e.g. pregnancy, disability, chronic medical condition? If so please provide brief details here:

Reasonable Adjustments

If you wish to apply for an adjustment please provide details with supporting evidence and letter of support from your TPD.

Please note this documentation must be submitted with the application form for each exam AND exam attempt. An adjustment will not be considered without it.

PAYMENT OPTIONS – click [here](#) for fees

Please check box for chosen payment method:

- ☐ Online by card - a link will be sent to you to make payment
- ☐ BACS – to account number 36191159 sort code 60-09-15 quoting initial and surname
- ☐ Telephone - please call the Finance Administrator on 020 3696 1465
- ☐ Money order – (overseas payments only) make payable to “Faculty of Public Health”

Please note exam sittings can only be confirmed once payment has been received

DOCUMENTATION ENCLOSED.....
(For security, original certificates will be returned to you in person at the examination sitting.)

Faculty Advisers, Training Programme Directors and the Education Committee will be notified of all results, including failed attempts. Please note the names of successful candidates will also be published on the Faculty website.

If you **are** happy for your name to be published on the website please tick this box:

☐

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 that I have read the Examination regulations and guidance, accept its conditions and that the information submitted herewith is correct.

SIGNATURE DATE

REMINDER OF APPLICATION DEADLINE

The application closing date given in the examination schedule is **absolute**. You are advised to send in your application at least two weeks before the deadline so that any mistakes may be rectified in good time. Please post to the address below or email to laurabland@fph.org.uk. No allowance can be made for postal delays unless using registered/recorded delivery with proof of postage. Please address to: Laura Bland, Faculty of Public Health, 4 St Andrews Place, London NW1 4LB.

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