

# Specialty Registrar Member

## Your admission checklist



FACULTY OF  
PUBLIC HEALTH

Please return all forms to [membership@fph.org.uk](mailto:membership@fph.org.uk)

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

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

The completed personal contact details form

The completed equal opportunities monitoring form

Payment of subscription fees: (please indicate which)

Please send me an invoice for the appropriate fee

I have completed and attached a direct debit mandate to cover my fees (available to UK bank account holders)

### Data Protection and Declaration of Faith

#### Data Protection

At FPH we recognise our responsibility for your data and follow the data protection principles set out in GDPR. We will make sure that your information is; used fairly, lawfully and transparently, for specified, explicit purposes and in a way that is adequate and relevant. Data stored will be limited to only what is necessary and accurate. Data will be kept up to date and for no longer than is necessary. It will be handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage.

#### 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.

Name:

Signature:

Date:

# Personal & professional details

## 1. Personal details

Forename(s):

Surname:

Title:

Date of birth:

Gender:

## 2. Postal address

House Name/  
Number:

Street:

City:

County/  
State:

Country:

Postcode:

## 3. Employment details

Employer:

Post title:

Preferred telephone number:

Personal email address:

Work email address: (optional)

## 4. Professional registration

GMC / GDC / UKPHR registration number

Please also list the other professional organisations that you are a member of.

This can include other Royal Medical Colleges, professional associations and international organisations.

FPH members can also opt to be members of the European Public Health Association (EUPHA) and receive their benefits. Please indicate if you wish to join EUPHA.

Yes:      No:

# 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.

Name:

## Ethnicity

White British

White & Black Caribbean

White European

White & Black African

White Other

White and Asian

Black British

Other mixed background

Black European

Other (please specify)

I do not wish to disclose this information

Indian

Black African

Pakistani

Black Caribbean

Bangladeshi

Black Other

Asian Other

Chinese

Middle Eastern

## 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.**