

# Final Membership Examination

## Application form for entry or re-entry to Final Membership Examination (MFPH)



FACULTY OF  
PUBLIC HEALTH

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.

Surname:

Forename(s):

Title:            Dr            Mr            Mrs            Ms            Other

Full Postal  
Address:

Postcode:

Date of birth:

Gender:

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 diplomate 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/OSPHE unless they are enrolled with the Faculty.

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Please note: Places are offered on a first come first served basis and that your first choice in any 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.

26 February 2021 (Online)

23 April 2021 (Online)

25th June 2021 (TBC)

24 September 2021 (TBC)

03 December 2021 (TBC)

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.

CCT date:

Date of previous 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

26 February 2021

23 April 2021

25th June 2021

24 September 2021

03 December 2021

Please give a telephone number/s for day time contact

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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 for each exam AND exam attempt. An adjustment will not be considered without it

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## 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.

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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.

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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:

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The Data Protection Act (2018) 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:

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## 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.

### Personal details

Name:

Date of birth:

Gender:

Please state where you obtained your primary (first) professional qualification or first degree:

UK

European Community (but not UK)

Outside EC

### Disability

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](#)

### Ethnicity

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](#)

[Irish](#)

[Any other White background, please write in](#)

#### Black or Black British

[Caribbean](#)

[African](#)

[Any other Black background, please write in](#)

#### Mixed

[White and Black Caribbean](#)

[White and Black African](#)

[White and Asian](#)

[Any other Mixed background, please write in](#)

#### Chinese or other ethnic group

[Chinese](#)

[Any other, please write in](#)

#### Asian or Asian British

[Indian](#)

[Pakistani](#)

[Bangladeshi](#)

[Any other Asian background, please write in](#)