

# Practitioner Membership Application



FACULTY OF  
PUBLIC HEALTH

## Basic Information

Name:

Preferred Email:

Preferred Phone:

Current address:

Gender:

Date of birth:

## Membership Grade you are applying for (Indicate Yes/No)

Practitioner Membership:    Yes:    No:

Enrolled Practitioner membership:    Yes:    No:

## Enrolled Practitioner Applications

Which UKPHR scheme are you enrolled with?

Scheme coordinator name:

Coordinator email:

## Employment Information

Current Employer:

Employer Address:

Job Title:

Work Email:

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## Eligibility for Membership

Practitioner members are required to demonstrate that they are currently working at the level of a practitioner, have a relevant professional registration and a relevant postgraduate qualification. Please complete the rest of the form according to your current registration status:

1. If you have UKPHR Practitioner Registration please complete section A and ignore sections B, C, D and E. You do not need an existing FPH member to support your application for membership.
2. If you do not have UKPHR Practitioner Registration then please complete sections B, C, D and E. All applications without UKPHR registration must be supported by an existing FPH Member of Fellow.
  - a. Please ask your supporting member to complete Section F on your behalf.
  - b. If you do not know an FPH member who can support your nomination then please complete up to section E and return your application to [membership@fph.org.uk](mailto:membership@fph.org.uk).

We will forward your application to a Local Board Member or regional Faculty Adviser. They will then choose to approve and support your application based on the details you have given in sections B, C and D.

## A – UKPHR Registration

UKPHR Registration  
Number:

Registration Date:

## B – Alternative Professional Registration

Registration Body:

Registration  
Number:

Registration Date:

## C – Graduate Qualification

Please indicate a qualification you hold at level 6 or above in the [Regulated Qualifications Framework](#) (or equivalent), that is related to the practice of public health.

Qualification Name:

Awarding  
Institution:

Date confirmed:

Please write 50 -100 words showing how this qualification is relevant to the practice of public health if this is unclear from its Qualification Name and Awarding Institution (If in doubt describe or justify relevance):

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## D – Statement of Practitioner level of experience

For the purpose of Practitioner Membership the FPH definition of “working at the level of a public health practitioner” is based on the Public Health Skills & Knowledge Framework, namely “members of the public health workforce who work in various areas of public health practice, including health improvement, health protection and health and social care quality (often called “healthcare public health”). These individuals work in many places, for many organisations and in many areas of public health. They work at level 5 to 9 of the PHSKF.”

Please write up to 250 words summarising why you consider yourself to be working at the level of a PH Practitioner for the past 3 years:

## E – Professional referee

If you do not have support from an existing FPH member then please provide details of your line manager or a professional referee who can assure the above information until it is assured by an FPH member. If you already have support from an FPH member then please leave this blank.

Name:

Role:

Employer:

Indicate as signed

Date:

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## F – Supporting FPH Member

By supporting this application FPH members are providing assurance of the experience that the applicant is demonstrating and that this meets the required level to become a Practitioner Member of the Faculty of Public Health.

If you are unsure of this level then please refer to the guidance available or contact [membership@fph.org.uk](mailto:membership@fph.org.uk) for help.

Name:

Email:

Membership  
Number:

FPH Region:

Local Board Member: Yes: No: Faculty Adviser: Yes: No:

Indicate as signed

Date:

## Signature

Applicant  
signature:

Date:

### Next Steps:

1. Please send in your completed form to [membership@fph.org.uk](mailto:membership@fph.org.uk)
  - a. If your application requires an FPH Member or Fellow to act as a referee but does not have any members available to provide this referral then your application will be forwarded to the Local Board Member or Faculty Adviser for the region in which they work at the time of applying and these FPH Fellows will be asked to act as a referee.
  - b. If neither the Local Board Member or Faculty Adviser is willing or able to act as a referee then your application will be referred to an assessment panel for consideration.
2. If your application is successful then payment details will be sent to you
3. Membership will begin immediately once payment has been confirmed

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## Payment Information

If you earn under £20,000 each year or are a member of your direct professional association then you may pay a reduced fee.

## Examples of accepted professional bodies include, but are not limited to:

- The Chartered Society of Physiotherapists
- The Royal College of Nurses

## Examples of excluded organisations include, but are not limited to:

- Registration with UKPHR or a relevant professional regulator or registering body
- The British Medical Association or trade unions

**Please indicate if you are already a member of a relevant professional association**

Association  
Name:

Membership  
Number: