

# Fellowship through Exemption Form



FACULTY OF  
PUBLIC HEALTH

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

## 1. Personal details

Surname:

Forename(s):

Professional title:

Gender:

Postal Address:

Contact tel no.

Ethnicity:

Date of birth:

## 2. Employment Details

Workplace name:

Job title:

Workplace postal address:

Workplace email address:

Workplace contact tel no:

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## 3. Professional Registration

Register name:

Register number:

Date of specialist registration:

Registration Specialty:

Either (please select one)

I confirm that I have specialist registration in public health in the UK and enclose a copy of my up to date specialist registration documents (*i.e. I am on the GMC Specialist Register in the specialty of public health medicine/General Dental Council Specialist List in dental public health/UK Public Health Register (as a Generalist Specialist)*)

OR

I confirm that I am on the GMC Specialist Register following assessment by the Faculty through the Certificate of Eligibility for Specialist Registration (CESR) route (or previously Article 14) and enclose a copy of my up to date specialist registration documents

OR

I confirm that I am an EEA national (including Switzerland) with specialist medical qualifications in public health medicine awarded outside the UK and that I am on the GMC Specialist Register in public health medicine or in a related specialty as a result of mutual recognition of my qualifications; I enclose a copy of my up to date specialist registration documents

OR

I confirm that I am on the GMC Specialist Register and that I am a Member or Fellow of the Royal College of Pathologists and hold (or have held) the post of Consultant in Communicable Disease Control or equivalent; I enclose a copy of my up to date specialist registration documents.

OR

I confirm that I am on the Medical Council of Hong Kong Specialist Register for Public Health Medicine and enclose a copy of my up to date registration documents

## 4. Confirmation

I confirm that I wish to be considered for election to Fellowship

Signature:

Date:

## Data Protection

FPH recognises 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, used for specified, explicit purposes, used in a way that is adequate, relevant and limited to only what is necessary accurate and, where necessary, kept up to date kept for no longer than is necessary handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage.