

International Practitioner Membership Application



FACULTY OF
PUBLIC HEALTH

Name:

Email address:

Phone Number:

Postal address:

Gender:

Date of birth:

Employer name:

Employer address:

Primary professional register or training body that you belong to:

Professional registration number:

Please indicate a qualification you hold at degree level or higher which is related to public health:

Please write up to 100 words showing how this qualification is relevant to the practice of public health:

International Practitioner Membership Registration

Please write up to 250 words giving details of how your work for the past 3 years has contributed to public health:

Please email this form along with the following documentation:

- Evidence of professional registration, if applicable
- Evidence of graduate/postgraduate qualifications
- Reference from current or most recent employer
- Short CV

to membership@fph.org.uk

I declare that the information provided on the form above and any attached documents are true and correct.

Signature:

Date: