



Application For Enrolment in the Public Health Training Programme

Please complete and return the signed form along with the relevant documentation to educ@fph.org.uk within 3 months of starting the Training Programme. Please ensure that checklist, sections 1 and 2 are completed. Incomplete forms will be returned to you for completion

Checklist

Have you completed and signed Section 1? Yes: No:

Have you attached your CV? Yes: No:

Has your Training Programme Director completed and signed Section 2? Yes: No:

For Registrars seeking registration with General Medical Council (GMC), have you attached the relevant documents, as applicable, to demonstrate your eligibility? Please refer to page 4. Yes: No:

Have you completed and returned the membership admission form? Yes: No:

Have you paid your first annual subscription? Yes: No:

You will have received an invoice for £298 and payment is due now

If payment has not been made then please note the following payment methods

- Click the payment link within the invoice to make a secure online payment
- Bank Transfer (BACs) to our account:
Nat West
25 Great Portland Street Branch
London W1A 1GA

Account No.: 36191159
Sort Code: 60-09-15
- Direct Debit – please [download](#) complete and return the direct debit mandate to membership@fph.org.uk

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Section 1: To be completed by Specialty Registrar

1. Contact information

Surname

First Names

Former Name

Preferred Title

Date of birth

Correspondence Address

Town/city

Postcode

Email

Telephone

NOTE: Please notify FPH immediately of any changes to your contact details

2. Public Health training programme

Grade appointed at:

ST1

ST2

ST3

ST4

ST5

Training Programme Number (NTN):

Placement

Deanery/Region

Whole Time Equivalent (WTE)

Full Time

Part Time

If Part Time, express as a percent of full time

%

Start date on scheme:

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3. Education and professional qualifications

Primary qualification or degree

Name of the qualification

Dates attended to Date awarded

Name & country of awarding institution

Academic qualifications in public health

Name of the qualification

Dates attended to Date awarded

Name & country of awarding institution

Qualifications in public health

The Faculty of Public Health Diplomate examination (DFPH)/Part A Yes: No:

Date passed

The Faculty of Public Health Final Membership examination (MFPH)/Part B Yes: No:

Date passed

Other higher / relevant qualifications

Name of the qualification

Dates attended to Date awarded

Name & country of awarding institution

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4. Previous posts /experience

Please submit a copy of your CV with your Enrolment Form

For Registrars seeking registration with General Medical Council (GMC)

GMC Registration Type: FULL Yes: No:

GMC Number:

Date granted:

At the time of appointment, this group is expected to be eligible for full registration with , and hold a current license to practice from, the GMC at intended start date and have a minimum of 2 years of postgraduate medical experience by time of appointment (equivalent to that obtained in a UK Foundation Training Programme); have evidence of achievement of foundation competences in the three and half years preceding the advertised post for the round of start date for the round of application, via one of the following methods:

- Current employment in a UKFPO-affiliated foundation programme; or
- Having been awarded an FPCC (or FACD 5.2) from a UK affiliated foundation programme within the 3.5 years preceding the advertised post start date; or
- 12 months medical experience after full GMC registration (or equivalent post licensing experience), and evidence to commence specialty training in the form of a Certificate of Readiness to Enter Specialty Training

Please specify the relevant Foundation posts (or equivalent) below:

Post (including grade)	Organisation	Dates		FT / PT (Please indicate WTE)
		From	To	

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For Registrars seeking registration with the UK Public Health Register

This group is expected to have at least 48 months (wte) work experience by application closing date, of which at least 24 months (wte) must be in an area relevant to population health practice. The 24 months should be at Band 6 or above of Agenda for Change or equivalent and a minimum of 3 months (wte) at Band 6 level or equivalent in the three and a half years preceding the intended start date.

Please specify the posts for 48 months work experience including the 24 months at Band 6 or above of Agenda for Change or equivalent experience below.

Post (including organisation)	Dates		FT / PT (Please indicate WTE)	Months (WTE) counted towards general experience	Months (WTE) counted towards PH experience
	From	To			
Totals					

5. Declaration

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if subsequently it is discovered that any statement is false or misleading or that I have withheld relevant information, my application will be disqualified.

Name:

Indicate as signed

Date:

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Section 3: FPH Director of Training completes this section

1. Previous experience

To confirm registration please indicate that sufficient information has been provided for:

StRs applying for GMC registration Yes: No: Not applicable

StRs applying for UKPHR registration Yes: No: Not applicable

StRs applying through CESR (CP) route Yes: No: Not applicable

Comments

2. Authorisation

Is this application approved? Yes: No:

Provisional CCT/ CESR (CP) date:

Name

Indicate as signed

Date