

APPLICATION FOR PROVISIONAL REGISTRATION (REGISTRAR) WITH UK PUBLIC HEALTH REGISTER

Please complete this form using type or capital letters and send it to the Public Health Register at the address on page 2, with your cheque. The fee for initial consideration of an application for each application is £90 which includes the first year's registration fee, with an annual retention fee of £90 thereafter. The first payment can be made by cheque and then registrants are encouraged to pay by direct debit thereafter; please ask the UKPHR office for a form. Cheques are payable to *Public Health Register*.

Applicants details

Surname: First name(s):

Address:

.....

.....

..... Postcode:

Contact telephone number

Email address:

First degree or equivalent professional qualification:

Year obtained:..... Country:

My NTN/VTN No. (if applicable) is: ____ / ____ / ____ / ____

Date of membership exam (MFPH)

Date of completion of Public Health Specialist training

I wish to apply for registration as a Generalist Specialist in Public Health with the Public Health Register. I enclose a cheque for £90 with my application form.

Signed: Date:

Your Registration certificate will be sent to the above address.

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Employment details (if known at time of application; otherwise please ensure you update details later)

Name of employer

Job title:

Address:

.....
.....

..... Postcode:

Contact telephone number

Email address:

Receipt of an application does not constitute approval of an application. A decision whether or not to award registration is made by the UK Public Health Register after receipt of a completed application form, the fee, and the formal evidence of the applicant's satisfactory participation in a recognised specialty training programme. Registration certificates are only issued once applicants have been recommended for admission to the register by the UKPHR Registration Panel and ratified by the UKPHR Registration Approval Committee.

Once an application is ratified a certificate will be sent to the registrant and this will be approximately 7 - 10 days after the date of the Registration Approval Committee.

Applicants are expected to keep all their details up to date. Once approved a registrant will be issued with log-in details for the UKPHR website and access to these recorded details. It is a registrant's responsibility to ensure that these are all correct and up to date.

Please send complete application to:
UKPHR, Suite 18c McLaren Building, 46 Priory Queensway, Birmingham, B4 7LR

We are constantly looking to improve the service we offer to all service users, applicants and registrants. If you have concerns about any aspect of our service then please contact the register office at register@ukphr.org or telephone us on 0121 296 4370 or write to us at UKPHR, 18c McLaren building, 46 Priory Queensway, Birmingham, B4 7LR

All comments will be referred to the UKPHR Registrar who will consider them carefully and provide a written response within 28 days.

UKPHR Fitness for Registration

1. Have you ever been convicted of an offence in a court of law or been cautioned, either in the UK or another country? You must include:
 - a) Any convictions in the UK that have been spent under the Rehabilitation of Offenders Act 1974;
 - b) Any road traffic convictions resulting in the loss of a licence to drive
 - c) Any offences for which you have been convicted in a military court or tribunal

(Please note: we do not consider any cautions or convictions to be "spent". All cautions and convictions - no matter how old - should be declared)

Please state yes or no.....

2. Have you ever been issued with a penalty notice for anything other than a fixed penalty notice for a traffic offence, for example for harassment, or disorder, etc, either in the UK or another country?

Please state yes or no.....

3. Are there any actions (disciplinary or criminal) pending against you:
 - a) in a criminal court either in the UK or overseas
 - b) by a present or past employer in the UK or overseas
 - c) any professional, membership, or regulatory body either in the UK or overseas
 - d) a university or college in the UK or overseas

Please state yes or no.....

4. Have you ever been suspended from practice or had a complaint against you upheld **or** had your registration removed or subject to conditions (or licence to practice revoked) by any regulatory professional or membership body either in the UK or overseas?

Please state yes or no.....

5. Have you ever been fined, given a warning or reprimanded by any regulatory, professional or membership body in the UK or overseas?

Please state yes or no.....

6. Have you ever had any disciplinary action been taken against you by an employer; **or** have you been suspended from practice by an employer; **or** had a complaint against you upheld by an employer in the UK or overseas?

Please state yes or no.....

7. Have you ever been the subject of any disciplinary action by a university/college in the UK or overseas?

Please state yes or no.....

8. Have you ever been refused registration or membership with a regulator or professional body in the UK or overseas?

Please state yes or no.....

9. Do you know of any reason why a regulatory or professional body would not issue you with a letter/certificate of good standing in the UK or overseas?

Please state yes or no.....

10. Are you aware of anything about your physical and/or mental health which might raise a question about your fitness for registration, or continued registration, as a public health professional in the UK?

Please state yes or no.....

11. Are you aware of any aspect of your conduct and/or capability that might raise a question about your fitness for registration as a public health professional in the UK?

Please state yes or no.....

12. Have you ever entered into a settlement as a result of a medical malpractice or negligence claim?

Please state yes or no.....

If you have answered yes to any of the questions above you should provide further details at this initial stage e.g. a full statement of the circumstances surrounding the incident with your observations (if it is a concluded matter). To expedite your application it is helpful if you could send appropriate documentation also at this stage. Examples of documentation are listed in the addendum; please note that this list is not exhaustive and you may be asked to provide additional information/documentation.

If UKPHR later discovers that you did not provide full and honest details on these issues when making an application, UKPHR will investigate and the resulting conclusion could result in a fitness for registration case being brought against you.

Declaration

1. I declare that I have read the UKPHR Code of Conduct and understand it and agree to adhere to it in my professional and personal life
2. All the information I have given in this application is true to the best of my knowledge and belief.
3. I undertake to notify UKPHR of any material changes in this information.
4. I understand that any false or misleading information I have given, or any deliberate omission of relevant information, may disqualify me from initial registration or continued registration.
5. I am aware that after an initial period of registration I will be subject to re-registration or revalidation after the prescribed period.
6. I declare that I am aware of the CPD requirements for continued registration, and I am undertaking learning appropriate to my practice and am maintaining a CPD log with suitable evidence, including reflective comment.
7. I am aware that I must be part of a formal CPD programme for the purpose of revalidation and subscribe to the requirements of the scheme.
8. I understand that UKPHR is registered under the Data Protection Act 1998 and that all the information I have provided will be held by UKPHR in accordance with the provisions of the Act. Only those contact details I have authorized for inclusion in the public register will appear there. I acknowledge that the UKPHR may receive information, including adverse information, about my fitness for registration, and I hereby consent to the UKPHR processing and disseminating such information for such reasonable purposes as it may determine.
9. I give permission for UKPHR to approach another statutory body with which I am currently registered to obtain information on any previous or pending disciplinary and/ or health matter.
10. I declare that arrangements are in place to provide appropriate compensation for any who suffer, as a result of, deficiencies in my work or that of my team.
11. I give permission for UKPHR to request a certificate/letter of good standing from any regulatory body with which I am registered..

Signed (must be original signature)

Print Name

Date

UK Public Health Register

What is your ethnic group?

(Please enter a ✓ in the appropriate box.)

1 White

- British
- Irish
- Other White background
please write in
.....

4 Black or Black British

- Caribbean
- African
- Other Black background
please write in
.....

2 Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background
please write in
.....

5 Chinese or other ethnic group

- Chinese
- 6**
- Other ethnic background
please write in
.....

3 Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background
please write in
.....

Thank you for completing this form.

Fitness for Registration Addendum

Declaration issues: additional information you should provide for initial consideration

- Q1 Date of caution or conviction
Name and address of court or police authority
Details of the penalty (if applicable) imposed
Evidence of the caution or conviction in the form of a caution notice or conviction notice, or a recent Disclosure and Barring Service
- Q2 Documentary evidence of the penalty or harassment notice received
- Q3 Documentary evidence of the nature of the pending proceedings/investigation
Details of the employer and details of the allegation
Details of professional/regulatory/membership body with details of allegation
Details on university/college and details of allegation
- Q4 Details of suspension including the length of time the sanction was imposed; details of membership/professional/regulatory body. Registration/membership number.
Nature of complaint and any action. Any details of an appeal.
- Q5 Details of body involved; details of allegation and decision of hearing and level of sanction given. Details of registration/membership number. Any details of an appeal.
- Q6 Documentary evidence of any allegation, any hearings, outcome.
Name of employer and contact names at employer to obtain secure information if we require it.
Any sanctions imposed.
- Q7 Details of college/university
Details of allegation and your observations
Sanctions imposed
- Q8 Details of body who refused registration or membership.
Documentary evidence of the grounds for refusal.
Details of any appeal.
- Q9 Name of body who could refuse this.
Grounds for refusal - an example is non-payment of professional fees/disciplinary action etc.
Details of a third party from whom we may seek a letter of good standing.
- Q10 A full statement from you which may subsequently require a letter from a health professional. Your statement may be sufficient.
- Q11 A full statement advising of the circumstances and how and why you have reached the judgment.
- Q12 Documentary evidence of the nature of the settlement and the nature of the malpractice or negligence. Please advise if the claim was disputed or proven.

