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**Application for Permission of Recognition of Specialist Status**

**Via**

**Retrospective Portfolio Assessment**

This route is for those already in senior positions who wish to apply for recognition of their status as a generalist specialist in public health. This route is called Recognition of Specialist Status (RSS).

UKPHR requires those who wish to apply for RSS to seek prior permission to proceed because this is an exceptional route.

This form is your request to UKPHR for permission to submit a portfolio for assessment for RSS.

Please send all applications to the following postal address:

*UK Public Health Register, 18c Mclaren Building, 46 Priory Queensway, Birmingham, B4 7LR*

Or electronically to [register@ukphr.org](mailto:register@ukphr.org)

**SECTION A**

**Applicants must be able to answer 'yes' to the following 2 questions to be eligible to apply through this route.**

**Have you worked in a public health post at consultant level for 3 or more years?**

**Yes  No**

**Have you had a minimum of 3 years’ experience in a strategic leadership role within public health, providing guidance and independent advice?**

**Yes  No**

*You must submit a testimonial signed by a senior and supervising public health professional (e.g. Director of Public Health or Regional Director of Public Health) to attest to these answers.*

**SECTION B – APPLICANTS DETAILS**

|  |  |
| --- | --- |
| **Title:** |  |
| **Forename(s):** |  |
| **Middle Name(s):** |  |
| **Surname:** |  |

|  |  |
| --- | --- |
| **Postal address:**  (this address is where your outcome letter will be sent to) |  |
| **Telephone number:** |  |
| **E-mail:** |  |

|  |  |
| --- | --- |
| **Job title:** |  |
| **Organisation:** |  |

**SECTION C**

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| **Please state why you are applying for RSS instead of proceeding by the specialty training programme.** |
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| **Please state why you are applying for RSS instead of defined specialist status.** |
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**Have you ever been on a formal training programme in public health in the UK**

**Yes  No**

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| **If you answered yes to the question above, please state the Royal College/Faculty, date of completion, and if not completed then date when you left and reason for leaving** |
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| **Name of senior public health professional providing testimonial with GMC/UKPHR registration number** |
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**SECTION D**

**Please sign below**

* I have read the eligibility criteria.

* I will notify UK Public Health Register of any material changes in this information.
* All the information I have given in this application is true to the best of my knowledge and belief.
* I understand that any false or misleading information I have given, or any deliberate omission of relevant information, may disqualify me from registration.

**Signature:**

**Name:**

**Date:**

**Have you remembered to include the following documents?**

**Latest CV  Testimonial**

Thank you for completing this form. We will within 3 working days acknowledge receipt of your application form.

Your application will be referred to the Registrar to seek permission for you to commence submitting a portfolio for assessment.

We will notify you by post once UKPHR's decision has been made.

In the meantime do not hesitate to contact the UKPHR office at register@ukphr.org for further assistance.