

Public Health Specialty Registrar Registration with
UK Public Health Register

Application form

*May 2022*

UKPHR has opened registration to Public Health Specialty Registrars (specialty trainees). The rationale for this is that it establishes equivalence with Registrars from a medical background who would at the same stage be regulated by the General Medical Council. It brings this group into regulation earlier and provides a pathway to full registration once they gain the appropriate public health experience.

Registration will be relevant to Public Health Specialty Registrars who are not registered with a statutory regulator. Example of statutory regulators include General Dental Council and General Medical Council as well as General Pharmaceutical Council, Health & Care Professions Council and Nursing & Midwifery Council.

The criteria and conditions for eligibility for consideration for registration are:

* Acceptance onto and ongoing participation in the Public Health Specialty Training Programme by means of written confirmation (UKPHR template) from Head of School, Programme Director, or Educational Supervisor.
* Completion of an application form and production of supporting evidence via the template prescribed by UKPHR
* Payment of an initial registration fee as prescribed by UKPHR (ongoing annual registration fee)
* Commitment to continuing professional development (during Specialty Training this is fulfilled by participation in the Specialty Training Programme)
* Commitment to practice public health in accordance with [UKPHR’s Code of conduct](https://ukphr.org/registration/code-of-conduct/) and [Good Public Health Practice](https://ukphr.org/good-public-health-practice/)

**Please read the guidance notes within the form carefully as you complete your application.**

Please complete the application form below electronically or handwritten. Signatures must be electronic or handwritten, we cannot accept a typed in name.

Be aware throughout that you will have to declare your understanding and any false or misleading information may disqualify you from registration.

Please email your application to UKPHR register@ukphr.org

Applicants should be aware that an application incurs an initial registration fee of £108. Please visit our website for up-to date fees and charges: <https://ukphr.org/fees-and-charges/> Payment can be made via the following methods. Please mark how you have made payment in the table below.

|  |  |  |
| --- | --- | --- |
| **BACS:** | Bank: Lloyds BankAccount name: Public Health RegisterAccount number: 00875203Sort-code: 30-94-87*Please use your surname as a reference* |  |
| **PayPal:** | Using the account register@ukphr.org |  |

**Checklist**

Please ensure that you have completed all the following requirements.

|  |  |
| --- | --- |
| **Application form (signed and dated):** |  |
| **Initial application fee:** |  |
| **Evidence of acceptance onto and participation in the Public Health Specialty Training Programme via UKPHR’s prescribed template:** |  |

**Please note** that receipt of an application does **not** constitute approval of an application. A decision whether to award registration is made by the UK Public Health Register after receipt of a satisfactorily completed application form, the fee, **and** the formal evidence of the applicant’s satisfactory participation in the public health 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 Approvals Committee. Applications cannot be expeditated. You will be informed of these dates once your application has been checked to be complete. Once an application is ratified a certificate will be sent to the registrant.

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 to ensure communication in relation to maintaining registration is safely received.**

**Section 1A – Applicant details**

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

Please note that the information you provide in Section 1A will go on the public register (excluding your title). The remaining sections in the application below will not be made public.

**Section 1B – Additional details**

|  |  |
| --- | --- |
| **Postal address:**(to be used for all correspondence) |  |
| **Telephone number(s):**(please note which is preferred) |  |
| **E-mail(s):**(please note which is preferred) |  |

Should any of your details change during your assessment process, please notify UKPHR in writing. Once registered, you will be able to update the details that UKPHR hold via your registrants’ log-in portal.

|  |  |
| --- | --- |
| **Do you consider yourself to have a disability:** |  **Yes** [ ]  **No** [ ]  |

**SECTION 2 – Current employment details**

Please provide full details of your substantive employer, otherwise please ensure you update employment details later via the registrant portal

|  |  |
| --- | --- |
| **Job title:** |  |
| **Organisation:** |  |
| **Workplace address:**(if not provided in section 1) |  |
| **Work E-mail:**(if not provided in section 1) |  |

**SECTION 3 – Qualifications**

|  |  |
| --- | --- |
| **First degree equivalent professional qualification:** |  |
| **Year obtained:** |  |
| **Awarding body and country:** |  |

|  |  |
| --- | --- |
| **Date of membership exam (MFPH):** |  |
| **Date of completion of Public Health Specialty Training:** |  |

**SECTION 4A – Fitness for registration**

1. Have you 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 are unspent under the Rehabilitation of Offenders Act 1974;

b) Any unspent road traffic convictions resulting in the loss of a license to drive

c) Any unspent conviction for which you have been convicted in a military court or tribunal

**Please State YES or NO:**

1. 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:**

1. Are there any actions (disciplinary or criminal) **pending** against you:
2. in a criminal court either in the UK or overseas
3. by a present or past employer in the UK or overseas
4. any professional, membership, or regulatory body either in the UK or overseas
5. a university or college in the UK or overseas

**Please State YES or NO:**

1. Have you had any actions (disciplinary or criminal) **taken** against you:
2. in a criminal court either in the UK or overseas
3. by a present or past employer in the UK or overseas
4. any professional, membership, or regulatory body either in the UK or overseas
5. a university or college in the UK or overseas

**Please State YES or NO:**

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

**Please State YES or NO:**

1. 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:**

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

**Please State YES or NO:**

1. 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:**

1. 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:**

1. 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:**

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

**Please State YES or NO:**

**IMPORTANT NOTE:**

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). Relevant documentation should be provided with this statement.

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 our referring matters to other authorities and, in the event that registration with UKPHR was achieved as a result, your registration may be at risk.

**SECTION 4B – Fitness to practise 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 Disciplinary action includes being suspended from practice by an employer or having a complaint against you upheld by an employer in the UK or overseas.

Documentary evidence of any allegation, any hearings, your observations and outcome.

Name of employer/college/university and contact names to obtain secure information if we require it.

Any sanctions imposed.

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 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.

Q7 Details of body who refused registration or membership.

 Documentary evidence of the grounds for refusal.

 Details of any appeal.

Q8 Name of body who could refuse letter/certificate of good standing

 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.

Q9 A full statement from you which may subsequently require a letter from a health professional. Your statement may be sufficient.

Q10 A full statement advising of the circumstances and how and why you have reached the judgment.

Q11 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.

**SECTION 5 – Declaration**

1. I declare that I have read UKPHR’s Code of Conduct and Good Public Health Practice Framework and understand and agree to adhere to the standards of conduct and practice there set out 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 participating in the Specialty Training Programme or have been accepted onto the Specialty Training Programme.
6. I understand that UKPHR is registered under the relevant data protection legislation and that all the information I have provided will be held by UKPHR in accordance with data protection law and UKPHR’s privacy statement. Only those contact details I have authorised for inclusion in the public register will appear there. I acknowledge that 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.
7. I give permission for UKPHR to approach any other statutory body with which I have been or am currently registered to obtain information on any previous or pending disciplinary and/ or health matter.
8. 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.
9. I give permission for UKPHR to request a certificate/letter of good standing from any regulatory body with which I am registered.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Print name:** |  |
| **Date:** |  |

**SECTION 6 – Monitoring**

The information given in this section is for monitoring purposes only and is not part of the application process.

**What is your ethnic group?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **White** | **[ ]**  | **4** | **Black or Black British** | **[ ]**  |
|  | British | **[ ]**  |  | Caribbean | **[ ]**  |
|  | Irish | **[ ]**  |  | African | **[ ]**  |
|  | Other White background (please write in):  | **[ ]**  |  | Other Black background (please write in): | **[ ]**  |
| **2** | **Mixed** |  | **5** | **Chinese or other ethnic group** |  |
|  | White and Black Caribbean | **[ ]**  |  | Chinese | **[ ]**  |
|  | White and Black African | **[ ]**  | **6** | **Other ethnic background**  | **[ ]**  |
|  | White and Asian | **[ ]**  |  | (please write in): |  |
|  | Other mixed background (please write in): | **[ ]**  |  |  |  |
| **3** | **Asian or Asian British** |  |  |  |  |
|  | Indian | **[ ]**  |  |  |  |
|  | Pakistani | **[ ]**  |  |  |  |
|  | Bangladeshi | **[ ]**  |  |  |  |
|  | Other Asian background (please write in): | **[ ]**  |  |  |  |

***Thank you for completing this form. Your help is much appreciated.***