**Wessex Public Health Practitioner Development Programme**

**Applying for an E-Portfolio Licence[[1]](#footnote-1)**

**Application Form**

|  |  |
| --- | --- |
| **Title (Mr/Ms/Mrs/Miss)** |  |
| **First Name** |  |
| **Surname** |  |
| **Job Title** |  |
| **Employing Organisation** |  |
| **Contact Telephone** |  |
| **Contact Mobile** |  |
| **Email** |  |
| **Line Manager Name** |  |
| **Contact telephone** |  |
| **Contact Mobile** |  |
| **Line Manage Email** |  |
| **Declaration: We, the undersigned, understand that the Wessex PH Practitioner Registration Scheme will pay the £50 licence cost for the e-portfolio system.  However, should the practitioner withdraw from the scheme or fail to submit their portfolio electronically using the approved e-portfolio system, the £50 licence fee may be payable.**  I confirm that I have read and understood the above declaration and commit to completing my portfolio via the e-portfolio system. | |
| **Applicant Signature** |  |
| **Date** |  |
| **Line Manager Signature** |  |
| **Date** |  |

**Please return your completed and signed e-portfolio licence application form to:** [**PH.Development@wessex.hee.nhs.uk**](mailto:PH.Development@wessex.hee.nhs.uk)

1. *Reproduced with thanks to the Kent, Surrey and Sussex Practitioner Registration Support Scheme* [↑](#footnote-ref-1)