

Public Health Practitioner Registration with   
UK Public Health Register

Application form

*April 2020*

Congratulations on becoming recommended for registration!

Now you have successfully completed a local assessment against the Public Health Practitioner standards you are eligible to apply for registration with the UK Public Health Register (UKPHR). **You must make this within 3 months of the date of the verification panel.**

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

Please complete the application form below electronically or by hand. 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 note that as UKPHR have temporarily closed their office due to COVID-19, until further notice, please submit all applications via email and make payment via BACS]**

Applications can be submitted to UKPHR electronically at [register@ukphr.org](mailto:register@ukphr.org) or via post to the address below:

***UKPHR, Suite 16a McLaren Building, 46 Priory Queensway, Birmingham, B4 7LR***

Applicants should be aware that registration with UKPHR incurs an initial administration fee of £25 **and** initial annual registration fee of £108. Registration will be renewed annually by completion of a satisfactory declaration form and payment of fees and registration will be subject to re-registration every 5 years. 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.

|  |  |  |
| --- | --- | --- |
| **Cheque:** | Made payable to *Public Health Register* |  |
| **BACS:** | Bank: Lloyds Bank  Account name: Public Health Register  Account number: 00875203  Sort-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 and initial annual registration fee (total of £129):** |  |
| **Testimonial – ensuring it is signed or with an accompanying email confirmation:** |  |
| **Reference - ensuring it is signed or with an accompanying email confirmation:** |  |
| **CV (if applicable):** |  |

**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 and its supporting documents, the fee, **and** the formal paperwork from the local registration scheme to evidence your recommendation for registration (submitted directly to UKPHR from the local scheme).

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 1C – Local practitioner scheme details**

|  |  |
| --- | --- |
| **Local practitioner assessment scheme you have been recommended by:** |  |

**SECTION 2 – Current employment details**

Please provide the 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 3A – Qualifications**

Please include your primary and professional and/or postgraduate qualifications and all relevant training programmes, whether or not they led to a formal qualification. Alternatively ensure that all the information requested below is in your CV.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (mm/yyyy)** | **Awarding Body** | **Name of Award** | **Level of Award** |
|  |  |  |  |
|  |  |  |  |

**SECTION 3B – Professional registration**

Please provide details of any relevant professional registration with a regulator where appropriate. Alternatively ensure that all the information requested below is in your CV.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of registration (mm/yyyy)** | **Registration body** | **Type of registration** | **Registration number** |
|  |  |  |  |
|  |  |  |  |

**SECTION 3C – Membership of professional organisations**

Please provide details of any relevant professional organisations you are a member of. Alternatively ensure that all the information requested below is in your CV.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of organisation** | **Category of Membership** | **Date joined** | **Date last renewed** |
|  |  |  |  |
|  |  |  |  |

**SECTION 4A – Reference**

Please submit alongside your application one reference. You will have already provided this for the verification process but UKPHR will need to see a copy for registration purposes. Please refer to the latest *Guidance for Applicants Assessors & Verifiers* document on the UKPHR website for more details on the reference.

|  |  |
| --- | --- |
| **Name of referee:** |  |
| **Job Title:** |  |
| **Relationship to you:** |  |
| **How long have they known you?** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |

**SECTION 4B – Testimonial**

Please submit alongside your application one testimonial. You will have already provided this for the verification process but UKPHR will need to see a copy for registration purposes. Please refer to the latest *Guidance for Applicants Assessors & Verifiers* document on the UKPHR website for more details on the reference.

|  |  |
| --- | --- |
| **Name of testimonial author:** |  |
| **Job Title:** |  |
| **Relationship to you:** |  |
| **How long have they known you?** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |

**SECTION 5A – 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 5B – 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 6 – 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 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 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.
8. 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.
9. 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.
10. 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 7 – 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.***