|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Wessex Public Health Practitioner Programme Cohort 15 Application Form **Send your completed application and a copy of your CV to** [**england.wxpublichealthschool.se@nhs.net**](mailto:england.wxpublichealthschool.se@nhs.net) **cc** [**Lauren.kirk4@nhs.net**](mailto:Lauren.kirk4@nhs.net)  **by 1st November 2024, 12.00pm**  **Completing this Application form**  This application form is comprised of three parts (Section A-C). You will be required to complete all sections of this form and advised not to leave any section blank. If a section isn’t relevant, mark it as n/a (not applicable).  **Application Form – overview**   |  |  | | --- | --- | |  | **Please mark as complete** | | Section A: applicant’s details |  | | Section B: supporting information |  | | Section C: Signed declarations |  | | Attach updated CV  (include educational qualifications and any CPD relevant undertaken in the last 2 years) |  | | Attach Self-Assessment Form |  |  |  |  | | --- | --- | | **Pre- Application Checklist**  **I can confirm that I have read and understood the following key documents.** | | | [**Guidance for Applicants, Assessors and Verifiers, Public Health Practitioner Registration**](https://www.oxsph.org/wp-content/uploads/2024/04/UKPHR-Practitioner-Guidance-for-Applicants-Assessors-Verifiers-March-24.pdf). |  | | [**Supporting Information for Public Health Practitioner Registration**.](https://www.oxsph.org/wp-content/uploads/2024/04/UKPHR-Practitioner-Registration-Supporting-Information-March-24.pdf) |  | | [**Health Career Level Framework**](https://www.skillsforhealth.org.uk/wp-content/uploads/2020/11/Career_framework_key_elements.pdf) |  | | [**UKPHR Registration Standards 2018 2nd edition**](https://ukphr.org/wp-content/uploads/2019/07/UKPHR-Practitioner-Standards-2018-2nd-Ed.pdf) |  | | I confirm that I have read the scheme Pre-Application Information and can commit to the key dates. |  | | I confirm that I have completed the Equality, Diversity and Inclusion Form - <https://forms.office.com/e/w0SYVq8bNX> |  |  Section A: Applicant details  |  |  | | --- | --- | | Name: | Click or tap here to enter text. | | Job title: | Click or tap here to enter text. | | Email: | Click or tap here to enter text. | | Telephone number: | Click or tap here to enter text. | | Employing organisation: | Click or tap here to enter text. | | Employer’s Address including postcode: | Click or tap here to enter text. | | Agenda for Change / KSF banding of current post (or equivalent) / Level Skills for Health Career Framework: | Click or tap here to enter text. | | Length of time in current position: | Click or tap here to enter text. | | Duration of experience working at Agenda for change band 5-7 or Skills for Health equivalent: | Click or tap here to enter text. | | Line manager name and email address: | Click or tap here to enter text. | | By completing this application, you agree that NHSE will process your data in line with our privacy notice. Any information entered by you, will be used and stored according to the General Data Protection Regulations (GDPR). See [NHSE website](https://www.england.nhs.uk/privacy-policy/) for more information**.** | |  Section B: Supporting information  |  | | --- | | **Please detail in no more than 200 words why you are applying to this programme:** | | Click or tap here to enter text. |   (This section is optional)   |  | | --- | | **If you have any additional learning needs that you would like to share with us, please indicate in the table box below.** | | Click or tap here to enter text. |  Applicant Declaration: *I confirm that the information I have given is accurate, and should I be accepted onto the programme I agree to abide by its principles and to participate fully, including in the evaluation process and any ongoing support to the development of the programme (future Mentor/Assessor).*   |  |  | | --- | --- | | Applicant Signature (please enter initials) | Click or tap here to enter text. | | Date | Click or tap to enter a date. |  Section D: DeclarationsFor completion by Line Manager Please provide below a signed written statement of support for the applicant (not more than 200 words), detailing the ways in which you feel the individual is **suitable and ready** for the programme. By completing the statement, it is assumed that you fully support the applicant’s participation in the programmeand confirm that they will be afforded the required time to attend the mandatory sessions of the programme (up to a maximum of 8 days).  Line Managers will be kept updated of applicants’ progress in their journey towards registration and invited to attend quarterly meetings. Applicants are encouraged to include updates of progress in the programme in the applicant’s Personal Development Plan and appraisal.   |  | | --- | | **Line Manager statement of support.**  Click or tap here to enter text. |   Line manager details:   |  |  |  |  | | --- | --- | --- | --- | | Print name | Click or tap here to enter text. | Position | Click or tap here to enter text. | | Signature (please enter initials) | Click or tap here to enter text. | Date | Click or tap to enter a date. | | Email | Click or tap here to enter text. | Contact  number | Click or tap here to enter text. |   **For completion by Director of Public Health (only applicable to applicants employed by a local authority public health team)**  Please sign below to confirm your support for the applicant’s participation in the Public Health Practitioner programme. Please also include any additional comments you may wish to make**.**   |  |  |  |  | | --- | --- | --- | --- | | Print name | Click or tap here to enter text. | Position | Director of Public Health | | Signature  (please enter initials) | Click or tap here to enter text. | Date | Click or tap to enter a date. | | Email | Click or tap here to enter text. | Telephone  number | Click or tap here to enter text. |  |  | | --- | | **Any additional comments from Director of Public Health:**  Click or tap here to enter text. | |