

## APPLICATION FORM FOR REGISTRATION: FIVE-YEAR RE-REGISTRATION & RENEWAL

Please complete this form in block capitals legibly in black ink, or typescript. Be aware throughout that you will have to declare your understanding that any false or misleading information may disqualify you from registration.

The UK Public Health Register is registered under the Data Protection Act 1998 and **all** information provided in this form will be held in accordance with the provisions of the Act.

***Please send completed application to: UKPHR, 18c McLaren Building, 46 Priory Queensway, Birmingham, B4 7LR***

### Section A Applicant details

Name	Registration Number
Email	Mobile tel.
Job Description	Employer/workplace address

### Section B Registration details

The details submitted in this section will go on the public register (excluding your title), and **will appear as shown in the box on the first page of the explanatory note**. This means that these details will be made available to the public. Therefore, please give here **only** those details that you wish to be included in the register. UKPHR will not make your address public.

#### Register information

Title ..... Surname .....

Forename/s that **you wish to appear in the register** .....

Gender: Male  Female

## Section C Additional details

The rest of this section deals with additional contact information that **will not be included in the public register**, as well as other information which is relevant for assessment purposes.

Please give below the **address that you wish us to use for all contact purposes**

Address .....

.....

..... Post Code .....

Telephone.....Fax .....

Mobile.....

E-mail .....

Date of Birth: Day.....Month .....Year.....

Nationality.....

Whether registered disabled: Yes  No

Please give the full name and address of the organisation you work for (if different from the address above)

.....

.....

.....Post Code .....

Your current job title .....

Date you started in this post: Day..... Month .....Year.....

Email address (if not the address already given above).....

Work telephone number (if not the number already given above).....

## Section D Re-registration requirements

Are you a dual registrant registered with UKPHR and with the General Medical Council (GMC)?

Yes  No

If you have answered “Yes” to the previous question, have you, within the past five years, been revalidated successfully by your other regulator (GMC)?

Yes  No

**Please attach certified evidence of successful revalidation and tick this box to confirm that your evidence is attached**

**If you have answered “Yes” to BOTH the previous two questions you do not need to complete Section D any further and you may proceed directly to Section E.**

*(This is because UKPHR recognises revalidation by GMC as adequate evidence of revalidation sufficient to meet UKPHR’s re-registration standard)*

For re-registration you must satisfy UKPHR that:

- You have met the CPD standard set by UKPHR over the past 5 years
- You have been appraised within the immediately preceding 12 months by a registrant of General Medical Council, General Dental Council or UKPHR
- You have a current Personal Development Plan relating to your public health practice
- You can provide UKPHR with a clear annual renewal declaration (or UKPHR is willing to re-register despite the declaration not being clear)
- You have paid the requisite renewal registration fee

***All sections must be completed even if the answer is “None” or “Not applicable”.***

**D1. Please give information about employment in the last five years or enclose a CV with this information if easier.**

JOB DESCRIPTION	EMPLOYER (if applicable)	WORKPLACE ADDRESS	COMMENCED	FINISHED

*Continue on separate sheet(s) if necessary*

**D2. Additional relevant qualifications/ training programmes since date of registration**

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 included in your CV.

<b>Qualification</b>	<b>Awarding body</b>	<b>Dates of Study</b>	<b>Date of award</b>

**D3. Membership of all relevant professional bodies**

<b>Body</b>	<b>Membership status (i.e. Member, Associate etc)</b>	<b>Date accepted into membership</b>	<b>Membership number (if applicable)</b>

**D4. Registration with relevant professional bodies**

<b>Body</b>	<b>Type of Registration (i.e. statutory/specialist etc)</b>	<b>Date of Registration</b>	<b>Registration number (if applicable)</b>

**D5. CPD compliance**

UKPHR's required standard is:

50 units of learning (as defined in the scheme of the UK Faculty of Public Health) or equivalent per year

**Please state the CPD you have undertaken during the past 5 years**

.....  
.....  
.....  
.....

**Please state the evidence you hold of your CPD compliance**

.....  
.....  
.....

**D6. Personal Development Plan**

UKPHR's required standard is:

You must hold a current Personal Development Plan approved by your employer or, if you have no employer, approved by a registrant of General Medical Council, General Dental Council or UKPHR

**Please state in relation to your Personal Development Plan:**

Date	Period covered	Who has approved it

**Please send originals or certified copies of originals as evidence of new qualifications, new membership/registration of professional bodies, CPD certificate or other evidence of CPD compliance and Personal Development Plan.**

**Documents may be certified by a doctor on the GMC register, a dentist on the GDC register or a public health specialist on UKPHR's register (who must quote his/her registration number) or a Chief Executive of an employer or equivalent.**

**A certified copy of a marriage certificate/original affidavit is required if any documents are in a different name to the one you are currently using.**

**For Section E please turn to next page**

## Section E Annual renewal declaration

### UKPHR Fitness for Registration

1. Have you ever 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 have been spent under the Rehabilitation of Offenders Act 1974;
  - b) Road traffic convictions if they resulted in the loss of a licence to drive
  - c) Any offences for which you have been convicted in a military court or tribunal.**(Please note: we do not consider cautions or convictions to be "spent". All cautions and convictions - no matter how old - should be declared)**

Please state yes or no.....

2. 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.....

3. Are there any actions (disciplinary and/or criminal) pending against you:
  - a) in a criminal court either in the UK or overseas
  - b) by a present or past employer in the UK or overseas
  - c) by any professional, membership, or regulatory body either in the UK or overseas
  - d) by a university or college in the UK or overseas

Please state yes or no.....

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

Please state yes or no.....

5. 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.....

6. Have you ever had any disciplinary action taken against you by an employer; **or** have you been suspended from practice by an employer; **or** had a complaint against you upheld by an employer in the UK or overseas?

Please state yes or no.....

7. Have you ever been the subject of any disciplinary action by a university/college in the UK or overseas?

Please state yes or no.....

8. Have you ever been refused registration or membership by a regulator or professional body respectively in the UK or overseas?

Please state yes or no.....

9. 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.....

10. 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.....

11. 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.....

12. Have you ever entered into a settlement as a result of a professional malpractice or negligence claim made against you?

Please state yes or no.....

**If you have answered yes to any of the questions above you should provide further details at this initial stage eg a full statement of the circumstances surrounding the incident with your observations (if it is a concluded matter). To expedite your application it is helpful if you could send appropriate documentation also at this stage. Examples of documentation are listed in the addendum; please note that this list is not exhaustive and you may be asked to provide additional information/documentation.**

**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 a fitness for registration case being brought against you.**

## Declaration

1. I declare that I have read the UKPHR Code of Conduct and I agree to adhere to it 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 am aware that I must record, keep safe and produce when required my CPD programme for the purpose of revalidation and fulfil the requirements of the revalidation (including re-registration) scheme.
8. I understand that UKPHR is registered under the Data Protection Act 1998 and that all the information I have provided will be held by UKPHR in accordance with the provisions of the Act. Only those contact details I have authorized 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 UKPHR processing and disseminating such information for such reasonable purposes as it may determine.
9. I give permission for UKPHR to approach another statutory body with which I am currently registered to obtain information on any previous or pending disciplinary and/ or health matter.
10. 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.
11. I give permission for UKPHR to request a certificate/letter of good standing from any regulatory body and/or professional body with which I am registered.

Signed

Print Name

Date

UKPHR Registration No.



## Fitness for Registration 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 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.
- 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 Documentary evidence of any allegation, any hearings, outcome.  
  
Name of employer and contact names at employer to obtain secure information if we require it.  
Any sanctions imposed.
- Q7 Details of college/university  
Details of allegation and your observations  
Sanctions imposed
- Q8 Details of body who refused registration or membership.  
Documentary evidence of the grounds for refusal.  
Details of any appeal.
- Q9 Name of body who could refuse this.  
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.
- Q10 A full statement from you which may subsequently require a letter from a health professional. Your statement may be sufficient.
- Q11 A full statement advising of the circumstances and how and why you have reached the judgment.
- Q12 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.

**Monitoring – the information given in this section is for monitoring purposes only and is not part of the assessment process.**

**UK Public Health Register**

**What is your ethnic group?**

*(Please enter a ✓ in the appropriate box.)*

**1 White**

- British
- Irish
- Other White background *please write in*.....  
.....

**4 Black or Black British**

- Caribbean
- African
- Other Black background *please write in*.....  
.....

**2 Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background *please write in*.....  
.....

**5 Chinese or other ethnic group**

- Chinese
- 6**
- Other ethnic 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.***