

Application for Registration as a Public Health Practitioner

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.***

Applicants should be aware that registration with UKPHR incurs an initial administration fee of £25 and an **annual** registration fee of £100. You will also be required to confirm your annual continuing professional development (CPD) via a declaration form. You may be required to produce evidence of your CPD if you have been selected during the audit process and at the time of your 5 re-registration.

Cheques are payable to *Public Health Register*

BACS details Bank: *Lloyds Bank*, Account name: *Public Health Register*, Account number: *00875203*, Sort-code: *30-94-87*

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

Complete the application form below in block capitals legibly in black ink, or typescript. Be aware throughout that you will have to declare your understanding and any false or misleading information may disqualify you from registration.

CHECKLIST	
Application form (signed and dated)	
Initial administration fee and registration fee (total of £125)	
Testimonial	
Reference	
CV (if applicable)	

Return applications electronically, using an electronic signature to register@ukphr.org or via post to the following address:

Suite 18c McLaren Building, 46 Priory Queensway, Birmingham, B4 7LR

Section A Applicant details

The information you give in this section will provide the basis for your entry on the register. This will be publicly available on the Register website and to enquirers in hard copy.

This is what a typical register entry will look like. Other details you provide to the register will not be publicly available.

Registration Number	00001
Name	Janet
Surname	Bloggs
Gender	Female
Status of Registration	e.g. current / lapsed
Type of Registration	defined / generalist / practitioner
Date of First Registration	1 September 2011

Section A: Applicant Details

Title:

Name:

Gender

Male

Female

Local Assessment Scheme:

Section B Additional details

The rest of this section deals with additional contact information that **will not be included in the public register**

You **must** give us here an address at which the UKPHR may contact you when necessary. If your address changes it is your responsibly to notify us.

We also need to know your current employment and employment history. Use separate sheets as necessary or submit a CV, as long as it includes a full employment history.

Address:

Telephone:

Fax:

E-mail:

Date of Birth:

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 job title:

Email:

Date you started in this post

Testimonial and Reference

Please attach to this form one testimonial and one reference from people who can give an opinion on your suitability for registration and, in particular, your professional competence. You will have already provided these for the verification process but the UKPHR will need to see a copy of both for registration purposes. More details on who can provide testimonials and references can be found in **Annex A**.

Please give us details of the people providing your testimonial and other reference below.

Testimonial

Name:

Address:

Telephone number:

Fax:

E-mail:

How does the person know you and your work?

.....

Reference

Name:

Address:

Telephone number:

Fax:

E-mail:

How does the person know you and your work?

.....

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) Any road traffic convictions resulting 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 any 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 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) any professional, membership, or regulatory body either in the UK or overseas
 - d) 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 practise 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 been 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 with a regulator or professional body 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 medical malpractice or negligence claim?

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 understand it and 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 be part of a formal CPD programme for the purpose of revalidation and subscribe to the requirements of the 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 the 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.
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 with which I am registered..

Signed

Print Name

Date

UKPHR Registration No (if applicable)

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.

Jan 2014

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.

Application Submission

Please send completed and signed application forms to:

The UK Public Health Register
18c, McLaren Building
46, Priory Queensway
Birmingham
B4 7LR

Telephone 0121 296 4370

Email: register@ukphr.org

Annex A

TESTIMONIAL AND REFERENCE

The submission of a testimonial and a reference is part of the assessment process and may be followed up (though this would be very unusual). Please give details of the people providing your reference and your testimonial on the application form and submit both with the rest of your application.

A Reference should be provided by someone who knows you professionally and can confirm that there is no professional, or fitness to practice, reason that you should not be included on the register. They should be able to provide general comments about your ability as a public health practitioner.

A Testimonial should be provided by someone who has reviewed the evidence you have submitted for assessment and can confirm that this is your work. They should be able to comment on the quality of the evidence submitted and confirm that you are working, or capable of working, at public health practitioner level. This overall testimonial is separate to any testimonials you may have included as part of your evidence.

The people providing your testimonial and reference will regularly see your work. They may be more senior than you or a professional colleague, but not junior to you. If you are employed, either the testimonial or the reference should normally be from a person who supervises your daily work. The reference may come from someone outside your own organisation or team.

You must not name anyone for whom you yourself are providing a reference or testimonial.

The difference between the testimonial and the reference is summarised below: you may want to give this to those providing them for you.

INFORMATION FOR THOSE PROVIDING A TESTIMONIAL OR REFERENCE

The UK Public Health Register as part of the assessment process requires a testimonial in support of the evidence contained in the portfolio and a reference concerning the applicant's fitness to practise as a public health practitioner. Your testimonial or reference will be 'open': the applicant may see it if they wish.

- **Testimonial:** please comment generally on the *quality of the evidence* in the portfolio and, if you are able, state that to the best of your knowledge, the applicant is working at public health practitioner level, or has the competence to do so.

Please ask the applicant for a copy of their evidence for your consideration before you write the testimonial.

- **Reference:** please give a general reference regarding the applicant's competence and fitness to practise as a public health practitioner.

Please provide your testimonial or reference directly to the applicant as soon as you can, to enable the applicant to include it with the rest of their application to Public Health Wales.

Please include the following basic information:

1. Name of applicant
2. How you know the applicant's work (e.g. manager, professional colleague etc.) and for how long
3. Your name and position

Thank you for your help.