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| **South West of England Public Health Practitioner**  **Registration Scheme**  **Application Form** | |
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| **Purpose & Summary of Document:**  This application form should be submitted by public health practitioners to be considered for recruitment onto the South West of England Public Health Practitioner Registration Scheme. The Scheme aims to provide support to public health practitioners in developing portfolios of evidence against the United Kingdom Public Health Register UKPHR Practitioner Standards.  If accepted onto the scheme the signed application form commits the practitioner to submitting a completed portfolio ideally within **18 months from the start date** (unlessvalid reasons are provided for extension). | |

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| **Selection Criteria**  Applicants must be able to demonstrate:   * That their work contributes to public health and wellbeing within the participating LA geographical boundaries. Applicants do not necessarily need to have the job title of ‘public health practitioner’ but they must be responsible for, or contribute to, protecting and / or improving the health and wellbeing of the population within these areas. * A minimum of two years public health experience in an autonomous role * Retrospective experience and evidence to meet the United Kingdom Public Health Register UKPHR Practitioner Standards and descriptors. * A signed commitment from the applicant to complete a portfolio against the United Kingdom Public Health Register UKPHR Practitioner Standards and indicators within the prescribed timeframe. * A signed commitment from their line manager supporting their development and progression to practitioner registration * Demonstrate relevant knowledge and qualifications |

**Application Submission**

**All applications must be completed and emailed to** [publichealth.SW@hee.nhs.uk](mailto:publichealth.SW@hee.nhs.uk)

**Please complete and return all application sections below including the additional self-assessment form**

**Section A: Applicant Details**

Name:

Job Title:

Employing Organisation:

Work address:

Tel:

Email:

**Please provide information on relevant formal Public Health qualifications and/or training**

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| **Institute/ provider name** | **Title of qualification/ educational course** | **Level attained** | **Date acquired** |
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**Section B: Personal Statement**

Please attach a statement of no more than 200 words why you are applying to the South West of England Public Health Practitioner Registration Scheme.

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**Section C: Using the self-assessment form please describe below any competence gaps you have identified.**

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| **Competence Gap**  **(Standard number)** | **Description of work experience and evidence required for completion** |
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**Section D: Applicant commitment**

1. I confirm that I have read and accepted the UKPHR Framework and Guidance for Applicants.
2. I confirm that the information I have given is accurate
3. I confirm I have identified any competence gaps and arranged a method to address them
4. I confirm I will work towards completion of my assessed portfolio within **18 months from the start date**.
5. If accepted onto the scheme, I agree to attend the mandatory Scheme Introduction Session (dates to be confirmed).

**Signature**:  **Date**:

(Applicant)

**Section E: Employer Commitment**

Applicants are asked to gain agreement from their line manager that they support their application:

**Organisation**:

**Line Manager**:

**Job Title**:

**Email address**: **Tel**:

*As the line manager, I confirm that the organisation supports this application and will ensure that the applicant is appropriately supported to help ensure the submission date is achieved.*

**Signed**:  **Date:**