|  |
| --- |
| **East Midlands Public Health Practitioner Registration Scheme** **2016 - 2017****Application Form****(to be read in conjunction with the Guidance Document)** |
| **Publication/ Distribution:**  Workforces across the East Midlands, who promote, protect, advocate for, develop and improve health with local communities and groups. They may be based in local government, the NHS, primary care or any of the health and social care organisations including voluntary and third sectors. |
| **Purpose and Summary of Document:**This application form should be submitted by public health practitioners who wish to be considered for recruitment onto the Public Health Practitioner Registration Scheme. This scheme aims to provide support to public health practitioners in developing portfolios of evidence against the UK Public Health Register (UKPHR) Public Health Practitioner Standards.<http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/> Applicants must have read and accepted the related Public Health Practitioner Registration Scheme Guidance Document before submitting their application. |

|  |
| --- |
| Applicants must be able to demonstrate:* Employment within the East Midlands geographical area.
* Approximately two years’ public health experience (usually having occupied a public health practitioner role at a ***minimum*** of level 5 of the PH Knowledge and Skills Framework). Applicants should be able to demonstrate a range of relevant experience with few gaps, each of which should be relatively easy to address within the timeframe by completing the self-assessment against the Public Health Practitioner Standards.
* The signed application form commits the practitioner to participating fully in the scheme if selected and submitting a completed portfolio usually within 8 months (Jan 17).
* The commitment from line managers for active support and encouragement is also demonstrated through the signed application form, including the allocated time off to attend formal learning sessions, additional relevant CPD events arranged through the scheme and allocated writing time for portfolio development.
 |

**Section A: Applicant Details (to be completed by all applicants)**

**Please complete all sections below:**

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| UK Public Health Skills and Career Framework level or Agenda for Change / equivalent banding of current post(or equivalent): |  |
| Qualifications (academic, vocational and professional) **It is essential that you complete this section** and, specifically, please answer the following questions:* Are you currently studying a relevant public health formal course? If so, please give details.
* Do you have a timetable/plan for completing your portfolio? If so, please give detail.

If neither applies, please say so. |  |
| Length of time in current position: |  |
| Employing Organisation:  |  |
| Employer’s Address (including post code): |  |
| Nearest town to home address:(for venue planning purposes) |  |
| Telephone number: |  |
| Work Email:Alternative Email: |  |
| Mobile phone number:  |  |

**Section B (to be completed by all applicants):**

|  |
| --- |
| Please detail in no more than 200 words why you are applying to the Public Health Practitioner Registration Scheme 2016-17 and any progress you have made to date on developing your portfolio.  |
|  |

|  |
| --- |
| **Please describe below what competence gaps you have already identified, if any, and what your plans are to address them?**  |
| Competence GapArea and Standard number reference | Suggested method to address gap (i.e. training, shadowing etc. | Target completion date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please attach a completed self assessment form to this application.**

**DECLARATION**

|  |
| --- |
| I confirm that the information I have given is accurate and should I be accepted onto the scheme I agree to abide by its principles and to participate fully, including in the evaluation process.I confirm that if accepted onto the scheme, I will attend the Induction Day on **Wednesday 8th June 2016** at **Leicester City Council, City Hall** |

**Signed: Date:**

*Your personal information will be held and used in accordance with the Data Protection Act 1998. Public Health England/Health Education England will not disclose such information to any unauthorised person or body but where appropriate will use such information in carrying out its various functions and services.*

**Please ensure your line manager completes the following section before submitting your application**

**Section C (to be completed by Line Manager)**

Please provide here a signed written statement of support (not more than 200 words) for the applicant, detailing in what ways you think they are suitable and ready for the scheme. By completing the statement, it is assumed that you fully support the applicant’s participation in the Public Health Registration Scheme 2016-17and confirm that they will be afforded the required time off. As a guide for managers it is advised that following discussion with their line manager, practitioners are allowed protected learning time to undertake the following:

* Launch Event 19th April 2016
* Induction Day 8th June 2016
* Portfolio development group workshops (PDGs) x 4
* Time in the workplace to draw evidence for the portfolio from current work practice
* A total of 3 days (pro rata for part time staff) for portfolio writing

|  |
| --- |
| **Please tell us why you think the practitioner is suitable for the scheme and how does this relate to their personal development plan (maximum of 200 words).***(you should acknowledge the competence gaps identified and provide any additional and relevant information)* |
|  |

**I confirm that as the Line Manager of the applicant, I will fully support their participation on the PH Practitioner Registration Programme 2016-2017 and confirm that they will be appropriately supported to complete their portfolio within the expected 8 months from the programme start.**

**Line manager:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Position |  |
| Print name |  | Date |  |
| Email |  | Phonenumber |  |

Please send the signed application documents either by post or email. In the case of an application sent by email, it is also essential to have signatures, electronic or signed by hand, scanned and emailed.

**Supporting Notes**

**Application Submission**

Please send the signed application documents either by post or email. In the case of an application sent by email, it is also essential to have signatures, electronic or signed by hand, scanned and emailed.

**The deadline for receipt of applications is: 5pm on Monday 9th May 2016**

Completed applications should be sent to:

**By Post:** Jenny Pass

 Administrative Support Officer: Practitioner Registration Scheme

 Public Health England East Midlands

 Seaton House,

 City Link,

 Nottingham,

 NG2 4LA

  **By Email:** Jenny.Pass@phe.gov.uk

**Terms and Conditions**

Applicants accepted onto the Public Health Practitioner Registration Scheme 2016-17 must agree to abide by its principles and participate fully in the support scheme as outlined in this document. On acceptance onto the scheme practitioners will be supported to draw up a draft learning and development contract which is then agreed with their line manager and assessor, once allocated. Should an applicant accepted onto the Scheme fail to comply without formal notification of exceptional circumstances they will not be guaranteed further support in the future.