**UKPHR Public Health Practitioner Registration Scheme**

**Verifier Application**

The Regional Public Health Practitioner Schemes are currently recruiting for new Verifiers to be trained by UKPHR to support the process of portfolio development by practitioners. Verifiers are appointed by the Board of the UK Public Health Register (UKPHR) (following satisfactory completion of mandatory initial training) for a period of three years, with an option for a further term or terms, by mutual consent between the verifier, the scheme co-ordinator and the UKPHR.

**Value and Benefits of becoming a Verifier**

* Individuals trained will become an UKPHR Verifier.
* Contribute to the development of public health careers for individuals.
* Support the professionalisation of public health practitioners.

**Training**

This half day training will be delivered online by the UKPHR. The training will provide participants with an:

* Understanding of the public health practitioner scheme and its processes.
* Understanding of the verification process and the role of Verifiers.

**Eligibility Criteria**

* To be a registered public health specialist with the GMC, the GDC or the UKPHR.

UKPHR Practitioner Information <https://www.ukphr.org/i-want-to-apply-for-registration/practitioner/>

Detailed information about the Practitioner Registration Process and Verifier role [Guidance for Practitioners, Assessors and Verifiers](https://www.ukphr.org/wp-content/uploads/2019/04/Guidance-for-applicants-assessors-and-verifiers-April-2019.pdf)

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Details** | | | |
| Your name: |  | | |
| Title (Dr, Mrs, Mr): |  | | |
| Employing organisation: |  | | |
| Job Title: |  | | |
| Level of post (PHSKF) |  | | |
| Work address with postcode: |  | | |
| Tel. No. | Work: | | Mob: |
| Email address: |  | | |
| **Your Employer** | | | |
| Line Manager’s name: | |  | |
| Title (Dr, Mrs, Mr): | |  | |
| Job Title: | |  | |
| Work address with postcode: | |  | |
| Email address: | |  | |
| Employing organisation: | |  | |
| Please detail in no more than 200 words why you would like to be trained as a UKPHR Verifier, including years of service, and range of relevant experience | | | |
|  | | | |

**Please indicate which scheme you are applying to join**

|  |  |  |
| --- | --- | --- |
| East Of England | North West | East Midlands |

**I can attend the training date below (please indicate which date you can attend)**

|  |  |
| --- | --- |
| **Date** | **Time (exact to be confirmed)** |
| 1 June 2021 | Morning (9-12.30) |
| 7 December 2021 | Afternoon (1-4.30) |

|  |  |
| --- | --- |
| **Declaration of commitment** | |
| **Prospective Verifier** | **Line Manager** |
| I have read the UKPHR [Guidance for Practitioners, Assessors and Verifiers](https://www.ukphr.org/wp-content/uploads/2019/04/Guidance-for-applicants-assessors-and-verifiers-April-2019.pdf)   * 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 * I commit to attending the UKPHR training, all verification panels that I am expected to attend, and any additional standardisation or review meetings for the East of England/East Mids Scheme as and when * I understand that there is no remuneration for this role from the UKPHR | I confirm that the organisation supports this expression of interest   * I confirm that required time commitments for training and standardisation workshops, and to attend verification panel meetings, will be fully supported, and will become a part of the applicant’s appraisal process and continuing professional development within the workplace * I understand that there is no remuneration for this role from the UKPHR |
| Applicant’s signature: | Line Manager’s signature: |
| Date: | Date: |

Please use electronic signatures if sending by email.

**Please send your completed application form to** [**admin@healthtalks.org.uk**](mailto:admin@healthtalks.org.uk)