**East Midlands Public Health Practitioner Scheme**

APPLICATION FORM: **Cohort 6 September 2021**

**Please include with this application your current Job description, employers covering letter, a *brief* CV (last 3 years) and your completed self-assessment form.**

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| **Your Details** |
| Your name: |  |
| Title (Dr, Mrs, Mr): |  |
| Employing organisation: |  |
| Job Title: |  |
| Level of post  |  |
| Work address with postcode: |  |
| Tel. No.  | Work: | Mob: |
| Email address: |  |

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| **Your Employer** |
| Line Manager’s name: |  |
| Title (Dr, Mrs, Mr): |  |
| Job Title: |  |
| Email address:  |  |
| Employing organisation: |  |

Please detail in no more than 200 words why you are applying to become part of the scheme for portfolio assessment, including years of service, and range of relevant experience

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Please describe below what **knowledge** gaps you have identified in your ability to demonstrate the practitioner standards and indicators (via the self- assessment form), and what your plans are to address them:

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| **Gap Area and Indicator number** | **Suggested method to address gap (i.e. training, self guided learning etc)** | **Target completion date** |
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Please indicate your availability for the scheduled training. The Portfolio days are a **MANDATORY REQUIREMENT and will be held remotely via an online platform**

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| **Induction Day**  | **Portfolio Development Days -** | **Available** | **Not available** |
| 9th November 2021 | 13th January 20225th April 202213th July 2022 |  |  |

**Support**

The scheme commits to supporting you with Portfolio Development Groups from **November 2021** to assist you in building your portfolio. The scheme will provide learning opportunities wherever possible in relation to any gaps in knowledge and skills **with the aim of completion by December 2022**

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| **Declaration** |
| Applicant | Line Manager |
| * I have read the [UKPHR Guidance](https://ukphr.org/wp-content/uploads/2020/01/Guidance-for-Practitioner-Registration-2nd-Ed.-Jan-2020.pdf) for Applicants, Assessors and Verifiers
* I have completed, and attached, a self assessment against all of the practitioner standards 2018
* 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 development days as scheduled above
* I understand that HEE reserve the right to charge a fee of up to £800 for non- completion of the process
 | * I confirm that the organisation supports this application and will ensure that priority will be given to attendance at learning sets, workshops, and other development opportunities to a minimum of 6 days between November 2021 and December 2022.
* I confirm that work towards completing the portfolio; becoming registered; and subsequent requirements for CPD by the UKPHR will become a part of this applicant’s appraisal process and continuing professional development within the workplace.
* I confirm I have read the “Additional Information for Employers” covering letter.
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| **Applicants signature:** | **Line Manager’s signature:** |
| **Date:** | **Date:**  |

Please use electronic signatures if sending by email.

**Please send your completed application form *with supporting documents* to:** ***admin@healthtalks.org.uk*** ***by Friday 29th October 2021***