**East Midlands Public Health Practitioner Scheme**

**Expression of Interest**

Completing this form will enable us to register your interest in UKPHR registration in the East Midlands.

To enable us to comply with the recently introduced General Data Protection Regulations (GDPR) we require your explicit consent to retain and use your contact details.

If you are happy for Health Education England (HEE) to maintain the use of your email address, please select one of the following responses:

🞎 Yes, I approve for you to hold my contact details, BUT only in relation to the activity/workstream

🞎Yes, I approve for you to hold my contact details and you may use them for any HEE related activity

🞎No, I do not approve please remove me from your databases

**Please be aware that choosing option 3, we will remove your details from all our databases. This means that we will no longer able to contact you about any further developments in your subject area or events that are occurring that may be of interest to you.**

Make yourself familiar with the Framework and Guidance for practitioner registration to help with your application <http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/>

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| **Your Details** |
| Your name: |  |
| Title (Dr, Mrs, Mr): |  |
| Employing organisation: |  |
| Job Title: |  |
| Level of post (Public Health Skills and Knowledge Framework)  |  |
| 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: |  |
| Work address with postcode: |  |
| Email address:  |  |
| Employing organisation: |  |

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| **I am interested in becoming a practitioner / mentor / assessor / verifier (please circle applicable area of interest).****I am interested in the Development opportunities** **Other:** |

Please send your completed form to alix@healthtalks.org.uk