**Yorkshire & the Humber Public Health Practitioner Registration Scheme**

**Application Form**

**Section A: Applicant Details - Please complete all sections below:**

|  |  |
| --- | --- |
| **Name:** | **Add your full name and title here** |
| **Job Title:**  **Example Job roles:** Public Health Strategists, Health Improvement Specialists, Health Information Analyst or Knowledge Specialist, Programme Managers, Service Leads, Public Health Associates/Advisors, Public Health Improvement Officers, Stop Smoking Advisors, Weight Management Coordinators, Environmental Health Officers, Healthy Lifestyles Coordinators, Health Protection Nurses, Sexual Health Advisors | **Add job title here** |
| **UK Public Health Careers Framework Intermediate Level: practicing with autonomy, knowledge and expertise @ a minimum of Level 5, 6 or maximum 7)** | **Add your practice level with reference to** [**link**](http://www.skillsforhealth.org.uk/index.php?option=com_mtree&task=att_download&link_id=163&cf_id=24) **here** |
| **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. | **Add your qualifications here** |
| **Length of time in current position:**  (If less than two years please tell us about your previous role in Public Health – minimum requirement of 2yrs within a Public Health role). | **Add your information here** |
| **Annual Appraisal tasks & Personal Development Plan:** | **Add a summary of your Annual Appraisal or attach your appraisal with your line managers consent here** |
| **Home telephone number:**  **Home address:**  **Home Email:** | **Add here** |
| **Work Telephone number:**  **Work address:**  **Work Email:** | **Add here** |
| **Employing Organisation:** | **Add here** |
| **Employer’s Address (including post code):** | **Add here** |

Your personal information will be held and used in accordance with the Data Protection Act 1998 and in accordance with the General Data Protection Regulation (GDPR). We 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.

**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 Scheme and any progress you have made to date on developing your evidence portfolio.** |
|  |

|  |
| --- |
| **You will have completed the self-assessment form (Appendix 1) as part of your application. Please describe below any competence gaps you identified, if any, and what your plans are to address these with the support of your employer (making the links to your Annual Appraisal where appropriate). Expand the table as necessary.** |

|  |  |  |
| --- | --- | --- |
| Competence Gap  Area and Standard number reference | Suggested method to address gap (i.e. training, shadowing etc. | Target completion date |
|  |  |  |
|  |  |  |
|  |  |  |

**DECLARATION**

|  |
| --- |
| I confirm that the information I have given is accurate and should I be accepted onto the programme I agree to abide by its principles and to participate fully, including in the evaluation process.  I understand that if I don’t complete the registration process or withdraw from the Yorkshire and the Humber scheme that this must be done with my employer and Line Managers written support, as my sponsor.  I confirm that if accepted onto the programme, I will attend the Induction Day on 30th April 2019 and the accompanying learning opportunities with other Practitioners within my cohort. |

**Signed: Date:**

**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 sponsors statement of not more than 200 words for your Practitioner Applicant. Detail in this why you think they are ready and suitable for the Practitioner Scheme. By completing the statement, it is assumed that you fully sponsor your applicant’s participation in the Public Health Practitioner Scheme Programme and can confirm that they will be afforded a minimum of seven days protected learning time to undertake the following:

* Induction Day – 1 day (30th April 2019)\*
* Portfolio Development Group sessions (PDGs) – 1.5 days
* Appropriate CPD/Masterclasses (as agreed with line manager) - 1.5 days
* A total of 3 days (pro rata for part time staff) for portfolio writing
* Time in the workplace to draw evidence for the portfolio from current work practice

\*Line Managers are welcome to attend the practitioner induction day although it is not compulsory.

|  |
| --- |
| **Please tell us why you think your practitioner is suitable for the scheme and how does this relate to their personal development plan (maximum of 200 words).** |
|  |

|  |
| --- |
| **Please tell us if you or another colleague would be willing to provide Mentoring Support to your Practitioner during their involvement in the Practitioner Scheme (This is not compulsory).** |
|  |

I confirm that as the Line Manager for the Practitioner Applicant, I will fully support their participation on the PH Practitioner Scheme Programme 2019-2020 and confirm that they will be appropriately supported to complete their portfolio within the expected 12 months from the programme start (April 2019).

I understand that if the applicant does not complete or withdraws from the programme without letting the local scheme coordinator know then we may be liable to cover the full cost of the course.

**Line manager:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Position |  |
| Print name |  | Date |  |
| Email |  | Phone  number |  |

**Supporting Notes**

**Application Submission**

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

**The Application process will open 5th December 2019 and will close 24th January 2019**

Completed applications should be sent to:

**By Post:** Emma Mason

Public Health Practitioner Coordinator for Yorkshire and the Humber

Leeds Institute of Health Sciences

Worsley Building

University of Leeds

Leeds LS2 9JT

**By Email:** [e.mason@leeds.ac.uk](mailto:e.mason@leeds.ac.uk)

**Terms and Conditions**

Applicants accepted onto the Public Health Practitioner Scheme Programme must agree to abide by its principles and participate fully in its support programme. On accepted onto the programme 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 Programme fail to comply without formal notification of exceptional circumstances they will not be guaranteed further support in the future.