APPLICATION FORM

FACULTY OF PUBLIC HEALTH

Event title:	
Start date:	End date:
Providing organisation's name, postal address and website details/hyperlink to event (if applicable):	
Venue name and location:	Lead organiser:
Delegate fee (if any):	Nominated contact: (name, telephone and email)
Commercial sponsors (if any):	Number of CPD credits applied for: As a guide count 1 credit per hour of real education; 3 for a half-day and 5 for a full day.

Minimum number of participants:		Maximum number of participants:	

Have you run this event, or a similar event, previously?   Yes   No

If yes, please provide the date and location.

You will be required to attach to your application any post-course evaluation reports.

EDUCATIONAL INFORMATION

Target audience

☐ Career grades   ☐ Training grades   ☐ Non-medical

Target audience – geographical area

☐ Local   ☐ Regional   ☐ National   ☐ International

How and where do you intend to advertise your event?

Please state the overall aim of the event and topics covered:

Please state the anticipated learning outcomes and objectives of the event:

1	
2	
3	
4	

Please select which key area(s) for public health competence are addressed in the event

☐ Key Area 1: Use of public health intelligence to survey and assess a population's health and wellbeing

☐ Key Area 2: Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations

☐ Key Area 3: Policy and strategy development and implementation

☐ Key Area 4: Strategic leadership and collaborative working for health

☐ Key Area 5: Health improvement, determinants of health and health communication

☐ Key Area 6: Health protection

☐ Key Area 7: Health and care public health

☐ Key Area 8: Academic Public Health

☐ Key Area 9: Professional personal and ethical development (PPED)

☐ Key Area 10: Integration and application of competence for consultant practice

Please select which attribute(s) from the four domains of Good Medical Practice below are addressed in the event:

KNOWLEDGE, SKILLS AND PERFORMANCE

☐ Develop and maintain your professional performance

☐ Apply knowledge and experience to practice

☐ Record your work clearly, accurately and legibly

SAFETY AND QUALITY

☐ Contribute to and comply with systems to protect patients

☐ Respond to risks to safety

☐ Protect patients and colleagues from any risk posed by your health

COMMUNICATION, PARTNERSHIP AND TEAMWORK

☐ Communicate effectively

☐ Work collaboratively with colleagues to maintain or improve patient care

☐ Establish and maintain partnerships with patients

☐ Teaching, training, supporting and assessing

☐ Continuity and coordination of care

MAINTAINING TRUST

☐ Show respect for patients

☐ Treat patients and colleagues fairly and without discrimination

☐ Act with honesty and integrity

If the event or programme is not public health related, please provide a brief explanation of how it is contextualized for the wider public health workforce:

What teaching methods will be used?

☐ Lectures   ☐ Tutorials   ☐ Demonstrations   ☐ Practicals   ☐ Workshops

☐ Discussion groups   ☐ e-Learning   ☐ MCQs   ☐ Individual performance reviews

☐ Other (please specify): _____

Has this event been previously approved for CPD by another Medical Royal College or Faculty?

☐ Yes   ☐ No

If Yes, please provider further details below.

SUPPORTING DOCUMENTS

Please indicate which supporting documents you are submitting with your application.
The first two items are mandatory.

☐ Event programme detailing topics mapped to key areas of public health and domains and attributes of Good Medical Practice

☐ Copy of the delegate evaluation form

☐ List of speakers, their post/title and short CV or mini-biography (mandatory, if applicable)

☐ Event provider's evaluation record from previous, on-going or recurring events (mandatory, if applicable)

☐ Event learning materials (where applicable)

☐ Pre- or post-course educational activity (where applicable)

CONFLICT OF INTEREST

Please provide details of any conflict of interests below. A conflict of interest exists where the educational programme or structure of the event is influenced or biased by commercial organisations.

TYPE OF ORGANISATION

What is your organisation type?

☐ Commercial with attendance fee

☐ Non-commercial with attendance fee

☐ Non-commercial, free to attend

Please contact cpd@fph.org.uk for further details on application and fee, or to make a payment.

Name:

Date:

Signature: