**UKPHR Public Health Practitioner Registration Scheme**

**Assessor Application Pack**

**Role Description**

* To assess applications by practitioners, and make recommendations to the verification panel (via an online e-portfolio system);
* To provide formal feedback to applicants on their portfolio of evidence in a timely way as specified in the UKPHR guidance for practitioner registration;
* To participate in moderation and other quality assurance activities;
* To complete a minimum of one whole assessment per year;
* To attend quarterly assessor/verifier support groups organised by the Y&H.
* The UKPHR will provide assessor refresher training every 2 years.

**Responsibilities**

* Assessors and Verifiers are the custodians of the standards of practice for practitioners and their roles are of the upmost importance. The UKPHR provide training and moderation for these roles.

**Assessor Requirements**

* To be skilled in assessing evidence submitted to demonstrate competence – successful completion of training is mandatory (2 half day online workshop with a learning task between the sessions)
* To be thoroughly conversant with the public health standards
* To be able to maintain impartiality in the role whilst providing support to applicants
* To be willing and able to devote the necessary time and to give the role appropriate priority
* To be able to provide appropriate references
* To be able to provide evidence of current continuing professional development

**Eligibility Criteria**

* To have at least two years' experience at senior or advanced practitioner level or above in multi-disciplinary public health, or in a post of equivalent responsibility, and/or to be registered as a public health practitioner with the UKPHR and/or to be of good standing with another appropriate professional body and be able to provide relevant references;
* To be able to provide evidence of current continuing professional development;
* To be skilled in assessing evidence submitted to demonstrate knowledge, understanding and its application in practice, following successful completion of mandatory training by the UKPHR;
* To be conversant with the public health standards for practitioner registration;
* To be able to maintain impartiality in the assessor role whilst providing support to practitioner through concise assessment feedback;
* To be able to devote the necessary time and to give the role appropriate priority.

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| To apply for this role, please complete the attached formand return to: PHPPYH@leeds.ac.uk |

**UKPHR Practitioner Registration Scheme Assessor**

Please read the UKPHR Framework and [Guidance for Applicants, Assessors and Verifiers](https://ukphr.org/wp-content/uploads/2020/01/Guidance-for-Practitioner-Registration-2nd-Ed.-Jan-2020.pdf) before submitting this form.

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| **Section 1 – Your Details** |
| Your name: |  |
| Title (Dr, Mr, Mrs, Miss, Ms): |  |
| Job title: |  |
| Employing Organisation |  |
| Length of time in current role |  |
| Level of post [Skills for Health](http://www.skillsforhealth.org.uk/index.php?option=com_mtree&task=att_download&link_id=163&cf_id=24) [Skills for Health Matrix](https://www.skillsforhealth.org.uk/wp-content/uploads/2020/11/Employability-skills-matrix.pdf#:~:text=The%20Employability%20Skills%20Matrix%20for%20Health%20aims%20to%20help%20staff,needed%20at%20each%20career%20level.) |  |
| Work address with postcode: |  |
| Tel. No.  | Work: | Mob: |
| Email address: | Main: | Alternative: |
| **Section 2 – Line Manager’s Details** |
| Name: |  |
| Title (Dr, Mrs, Mr): |  |
| Job Title: |  |
| Employing organisation (if different from above): |  |
| Work address with postcode (if different from above): |  |
| Email address:  |  |
| **Section 3** |
| Please detail in no more than 200 words why you would like to be trained as a UKPHR Assessor. |
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| **Section 4 – Declaration of commitment** |
| **Prospective Assessor** | **Line Manager** |
| I have read the UKPHR Framework and Guidance for Applicants, Assessors and Verifiers. 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 understand that UKPHR is registered under the relevant data protection legislation and that all the information I have provided will be held by UKPHR in accordance with data protection law and UKPHR’s privacy statement.I give permission for UKPHR to share my details between local schemes for the purpose of data collection exercises.I commit to attending the UKPHR training.I commit to providing positive support to all candidates who I may assess in due course. | I confirm that the organisation supports this expression of interest.I confirm that the required time commitments for training and the assessment of one portfolio over 12-18 months 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 the applicant will be dedicating some of their own time to carry out the assessment of portfolios to support the professional registration of practitioners. Thus, making a highly valued contribution to the professional development of the PH workforce.  |
| **Applicant’s signature** (Please use electronic signatures if sending by email)**:** | **Line manager’s signature** (Please use electronic signatures if sending by email)**:** |
| **Date:** | **Date:** |

**Please send your completed application form to:** **PHPPYH@leeds.ac.uk.**

For Programme Team:

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| Completed Form |  |  |
| Coordinator Approved |  |  |