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Description automatically generated

Public Health Specialist Portfolio Network

Registration Form

To provide administrative support to PHSPN members, we need to keep some basic contact information. Any details provided will be stored in ADPH’s secure database. Please return this form to [portfoliogroup@adph.org.uk](mailto:portfoliogroup@adph.org.uk).

# About you

|  |  |
| --- | --- |
| Title and name |  |
| Role |  |
| Start date in the post |  |
| Employing organisation |  |

# Contact details

|  |  |  |  |
| --- | --- | --- | --- |
| Work email |  | Work number |  |
| Alternate email |  | Mobile |  |
| Twitter handle |  | LinkedIn URL |  |

# e-DPH

Would you like to receive updates about public health news, events, and publications via our monthly newsletter?

By checking the box, you agree to the privacy policy.

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**Name** (Please print) **Date**

By completing and returning this form I agree to comply with the [ADPH governance framework](http://www.adph.org.uk/wp-content/uploads/2013/08/ADPH-Governance-Framework.pdf).

If your details change or you no longer wish to be part of the PHSPN, please [let us know](mailto:portfoliogroup@adph.org.uk).