



# Faculty of Dental Surgery

ROYAL COLLEGE OF SURGEONS OF ENGLAND

## **DIPLOMA IN SPECIAL CARE DENTISTRY - APPLICATION FORM**

|                            |  |
|----------------------------|--|
| <b>Date of Examination</b> |  |
| <b>Submission Deadline</b> |  |
| <b>Payment fee</b>         |  |

Please attach  
a passport  
sized  
photograph

### **Contact details:**

|                                     |  |                         |  |
|-------------------------------------|--|-------------------------|--|
| Last name in full                   |  | Other names             |  |
| Title                               |  | GDC no. (if applicable) |  |
| Date of birth                       |  | Telephone Number:       |  |
| Email address                       |  |                         |  |
| Home Address:                       |  |                         |  |
| Work Address (for return of cases): |  |                         |  |

### **Academic Record:**

|  |  |          |  |
|--|--|----------|--|
| Primary Dental Qualification           |  | Date:    |  |
| Qualifying University                  |  |          |  |
| Dental School at which degree obtained |  | Country: |  |

**Current post held by applicant:**

|  |                          |                                 |                          |
|--|--------------------------|---------------------------------|--------------------------|
| General Dental Practitioner                  | <input type="checkbox"/> | Senior Community Dental Officer | <input type="checkbox"/> |
| Hospital Dentist                             | <input type="checkbox"/> | Community Dental Officer        | <input type="checkbox"/> |
| Specialist Trainee in Special Care Dentistry | <input type="checkbox"/> | Other: provide details:         | <input type="checkbox"/> |

I ..... (insert name) **confirm that (select the appropriate option):**

- I wish to apply for both Parts A and B of DSCD
- I have a qualification that exempts me from Part A and I wish to apply for Part B of DSCD only. I understand that I will need to supply evidence of my previous qualification to the Royal College of Surgeons Examinations Department
- I wish to apply to re-sit Part A
- I wish to apply to re-sit Part B

**I enclose the fee of £.....**

**Declaration.**

I declare that to the best of my knowledge, all the information given in this form is a true statement of fact and I have read and understood the regulations.

Signature: .....

Date: .....

**PRIVACY STATEMENT**

The information you have given on this form will be held by the Examinations Department of the Royal College of Surgeons of England on a compartmented secure server in accordance with the General Data Protection Regulation (GDPR), and will be used only in connection with the purposes that you originally contacted us for. The information is kept by The Royal College of Surgeons of England and will be available to all members of staff within the same department, and will not be shared throughout the wider organisation unless instructed otherwise. Your information will be held in line with the relevant College retention schedule.

## PAYMENT

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**Payment must be made in full by cheque or credit card.**

**By Cheque:**

Please attach a cheque (made payable to The Royal College of Surgeons of England) to this form  
Please print candidate name on the back of the cheque

**Credit card:**

|                                     |                               |                                 |                                |           |
|-------------------------------------|-------------------------------|---------------------------------|--------------------------------|-----------|
| MasterCard <input type="checkbox"/> | Visa <input type="checkbox"/> | Switch <input type="checkbox"/> | Delta <input type="checkbox"/> |           |
| Card number                         |                               |                                 |                                |           |
| Expiry Date                         |                               | Issue No.                       | Security Code [3 digits]       | Signature |
| Cardholders Name                    |                               |                                 |                                |           |

This information will be securely disposed of by the Examinations Department  
If you are paying by credit card, then this form must accompany your application form – both must reach the College by the closing date for submissions.

**Please submit the completed application to the EMAIL address below:**

**DentalExams@rcseng.ac.uk**

## **Application for Reasonable Adjustments or Special Access Arrangements**

If a candidate has a permanent or temporary disability, the Royal College of Surgeons will endeavour to facilitate arrangements to accommodate this.

Candidates wishing to apply for special consideration must notify the examinations department, in writing, upon application or as soon as possible following the commencement of the disability if this is after the application date e.g. sudden accident/illness. Adjustments cannot be made on the day of the exam.

All requests must be accompanied by original medical documentation. In the case of dyslexia, a full Educational Psychologist report is required.

Candidates should send a copy of their medical documentation (either the original or an electronic copy) to the Examinations Department **within one week of application**. Medical documentation sent at a later date will not be considered. All reports will be returned at the candidate's request. The Royal College of Surgeons may not be able to accommodate a reasonable adjustment or access request if there is insufficient time between receiving the medical documentation and the examination date.

The Royal College of Surgeons Reasonable Adjustment Policy is available upon request.