



The Bi-Collegiate Diploma of Membership Examination in Endodontics, Periodontics and Prosthodontics (MEndo, MPerio, MPros)

Please read the instructions below carefully

- This form is to be completed and returned to dentalexams@rcseng.ac.uk no later than **5pm** on the published closing date for the examination.
- Please **do not post** your application or any supporting documentation, it must be scanned and emailed to the above email address.
- Please note that **we will not accept** late applications or **posted** applications.
- Details for payment will follow once you have been confirmed as sitting, approximately 2 weeks after the application closing date.
- Please ensure all sections are completed otherwise you will not be eligible to sit.

It is the applicant's responsibility to ensure that all sections are completed fully and accurately.

- Please include the following supporting documentation with your application:
 - Up-to-date CV;
 - If you require extra time, you must provide a copy of your educational psychologist report upon application. No extra time will be provided for reports sent after application;
 - A letter from your supervisor attesting to the clinical nature of your specialty training and the curriculum of your training programme / or your transcript
 - A verified copy of your BDS Degree and Masters, if applicable

Please fill out the following information in block capitals.

Title:

First / Other Names:

Surname:

Gender:

Date of Birth: / /

Address: *(Please include the city and country)*

.....

.....

Post Code:

Tel. No:

Mobile No:

Email:



Admission

(You must fill in this section)

I hereby apply to be admitted to the for the following examination: (Please circle / bold **one** option)

MEndodontics

MPeriodontics

MProsthodontics

Date of Examination for which candidate wishes to appear:

Date:/...../.....

Have you previously sat this examination before: Yes/No

Date:/...../.....

Which College do you wish to affiliate to (circle / bold **one**)

England

Glasgow

If you have previously entered for this or any other examination of the Faculty of Dental Surgery, The Royal Colleges of Surgeons of England or of the Dental Faculty, The Royal College of Physicians and Surgeons of Glasgow, the date, the description of the last entry and the name of the college are to be stated here:

.....
.....
.....

Academic Record

(You must fill in this section)

Primary Dental Qualification: Date Conferred:/...../.....

University / Dental College:

Country of Qualification:

Clinical School if different from above:

GDC Registration No. (if applicable): Date:/...../..... Limited / Provisional / Full

Please send attested copies of your Primary Dental Qualification and Master's with your application



Proof of Eligibility (You must fill in this section)

It is hereby certified that I,

Training Number: (if applicable)

Subsequent to having obtained a recognized qualification in dental surgery and the MFDS or equivalent, have spent at least three years in a SAC approved training programme.

Certified by,

Name

Signature

Postgraduate Dean / Training Programme Director (official stamp)

Hospital

Date/...../.....

Please send: a signed and stamped letter from Course Lead attesting to 3 years of clinical training, a copy of transcript with application and your current CV.

Declaration

(You must fill in this section)

I have read the current regulations of the examination and understand the eligibility criterion and I now confirm that to the best of my knowledge all the information given on this form is a true statement of fact.

Signature of Applicant: Date:/...../.....

A candidate withdrawing an application for admission to an examination, in writing, will be refunded the fee paid, **less a 20% administration charge**, provided that such a withdrawal is received before the date on which the applications are due.

No refunds will be allowed to candidates who fail to attend examinations or who withdraw after the closing date.

It is the responsibility of the candidate to notify the Examinations Office of the College of **any special circumstances** when they **submit** their application.

Applications for special consideration **must be** supported by written evidence in the form of a medical report from their General Practitioner or their Consultant trainer or Postgraduate Dean. In certain cases, such as dyslexia, a current Dyslexia Assessment report from an education psychologist will be required. In the case of a temporary disability due to ill health or accident which occurs after the application has been submitted, candidates **must** inform the Examinations Office as soon as possible before the examination.



PRIVACY NOTICE:

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. Any data collected may be exchanged between the RCS England and RCPS Glasgow and will not be released elsewhere without your permission but may be used to verify qualifications and to prevent fraudulent activity. Your information will be held in line with the relevant College retention schedule.

EQUAL OPPORTUNITIES MONITORING *(optional)*:

As part of its Equal Opportunities policy the College will monitor admissions and examination results in relation to changes in the candidate population. Part of this monitoring process requires that we gather information on candidates' ethnic origin. This information will not be used in a negative or discriminatory manner but will be used to ensure that the examinations provide equal opportunities for all.

All such information will be held in strictest confidence. This information will not be available to anyone involved in examining you or to anyone involved in processing your results. Any use made of this data will not allow any individual to be identified.

Although we urge you to complete this form, whether or not you do so is entirely voluntary. Whatever your decision, it will not affect how we process your application or results.

Nationality: First language:

Choose one selection from the list below to indicate your cultural background.

British

Irish

Any other white background, please specify

White and Black Caribbean White and Black African White and Asian

Any other mixed background, please specify

Asian or Asian British Indian Pakistani Bangladeshi

Any other Asian background, please specify

Black or Black British Caribbean African

Any other Black background, please specify

Chinese or other ethnic group

Chinese

Any other ethnic group, please specify

Middle Eastern / Arabic

Arabic

Any other Middle Eastern background, please specify