

**CONFIDENTIAL**

*Royal College of Surgeons of England*  
*Royal College of Physicians and Surgeons of Glasgow*

# Application to become an Examiner for the Restorative Specialty Membership Examinations (M Endo, M Perio, M Pros)

Please complete this form and return as an e-mail attachment

<b>Personal Details</b>	
Name:	
Surname	First names
Title:	
Mr/Mrs/Miss/Ms/Other	
Date of Birth:	Age:
Address:	
Post Code:	
Work Telephone Number:	
Personal Telephone Number:	
E-mail address (Work/Personal):	

<b>Education</b>					
Qualifications Obtained (including degrees, diplomas, professional examinations):					
Qualification	Awarding Body	Year	Exam/Qualification	Grade	Year

<b>Professional Appointments</b> <i>(most recent first):</i>			<b>Dates</b>	
<b>Name and Address</b>	<b>Position held</b>	<b>Dates</b>		<b>Specialty</b>
		<b>From</b>	<b>To</b>	

<b>Teaching experience:</b>	<b>Dates</b>

<b>Involvement in College activities to date:</b>

**Previous examining experience at all levels:**

Professional Body:	Subject	Dates	
		From	To

**Experience *(Please continue on a separate sheet if necessary):***

**Please give details of all experience relevant to the advertised post, including any relevant recent publications**

**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.

**Reasons for applying for this post**

*All applicants are required to be a Fellow or Member of one of the two Colleges and be in good standing. Please confirm below the Fellowship(s)/Membership(s) which you hold*

Royal College of Surgeons of England	Royal College of Physicians and Surgeons of Glasgow
Roll Number: Date of Election:	Roll Number: Date of Election:

**I certify that the above information I have given is to the best of my knowledge correct.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UPON COMPLETION, THIS FORM SHOULD BE SENT ELECTRONICALLY TO:**

**Mr Lee Smith Dental Examinations Manager – Lsmith@rcseng.ac.uk**