## **CONFIDENTIAL**



## THE ROYAL COLLEGE OF SURGEONS OF ENGLAND **Application to become an Examiner** for the Diploma in Special Care Dentistry

	script or return an e-mail attachment	
Personal Details		
Name:		
Surname	First names	
Title:		
Mr/Mrs/Miss/Ms/Other		
Address:		
		-
	Post Code	-
Hospital Telephone Number	Home Telephone Number	-
e-mail address:		
Home	Work	
		_
Education		

Education Qualifications Obtained (including of	legrees, dip	lomas, pr	ofessional examinations):		
Qualification	Awarding Body	Year	Exam/Qualification	Grade	Year

Please state below in w	riting the current position ye	ou hold		'
Current position:				
•				
Professional Appoi	ntments (most recent first):		Date	es
Name and Address	Position held	Date From	es To	Specialty
		110111	10	
Teaching experience	ce:		Date	es
Involvement in Col	lege activities to date:			

Previous examining experience at all levels:			
Professional Body:	Subject	Dates From	То
		FIOIII	10
Experience (Please continue on a separate sheet	if necessary):		
Please give details of all experience relevant to the advertised publications	d post, including any rele	evant recent	
Data protection Act:			

I understand that if I am appointed, personal information about me will be computerised for personnel/administrative purposes and statutory returns

Reasons for applying for this post
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 TO:

Darren Weaver Examinations Manager The Royal College of Surgeons of England 35/43 Lincoln's Inn Fields LONDON WC2A 3PE

Closing date: 26th October 2018