

DIPLOMA IN SPECIAL CARE DENTISTRY PART B APPLICATION FORM

Date of Examination
Submission Deadline

Please attach a passport sized photograph

Contact	1 . *1
Lontact	detaile

Payment fee

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:



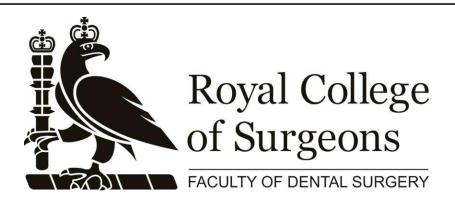
Current post held by applicant:

General Dental Practitioner			Senior Community Dental Officer					
Hospital Dentist			Community Dental Officer					
Specialist Trainee	e in Special Care Dentistry		Othe	Other: provide details:				
Evidence of Education and Experience (Photocopy as necessary if more than one employer)*								
Post:				No of Months:				
Date From	Da			Dat	е То			
					Official St	tamp		
I certify that								
Name of Superv	risor/Line Manager (BLOCK	CAPI	TALS)				
GDC Number								
Signature of Sur	pervisor/Line Manager							

*Application Guidance

- 2 years' work can be made up of several different posts. If this is the case, one post should be filled in on the application form, and all others will require a letter on headed paper signed by the appropriate supervisor.
- If you have worked part time, please provide a list of the hours/days worked adding up to 2 years which should also be signed by your supervisor or direct line manager.

Diploma in Special Care Dentistry
Surgical and Dental Examinations Department, Royal College of Surgeons of England
35-43 Lincoln's Inn Fields, London, WC2A 3PE
Tel: 0207 869 6281 Fax: 0207 869 6290 Email: dentalexams@rcseng.ac.uk

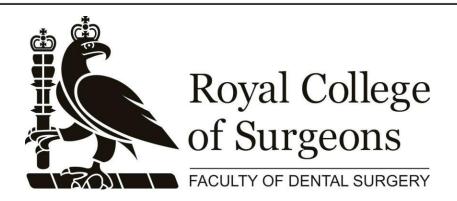


- A hospital or community centre stamp should be provided on the application form. If this is not available, a letter on headed paper will be required confirming all the details asked for in the Evidence of Experience section and signed by your supervisor or direct line manager.
- Overseas posts will be accepted provided a letter on headed paper from the supervisor or direct line manager accompanies your application form, confirming the work was in the field of special care dentistry.

Declaration						
I declare that to the best of my knowledge, all the information given in this form is a true statement of fact.						
I have previously provided 2 copies of:						
Proof of two years continuing professional development, including Special Care Dentistry						
• Log Diary – record of patients seen within a six-month period who fall into the category of special care dentistry (minimum number of patients 75).						
I have provided 2 copies of each of the two case presentations with this application.						
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 Method

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		Visa		Switch		Delta
Expire Date	У	Issue	No.	Secur [3 dig	ity Code its]	Signa	ture
Cardh	nolders 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 address below:

Diploma in Special Care Dentistry
Surgical and Dental Examinations Directorate, Royal College of Surgeons of England
35-43 Lincoln's Inn Fields, London, WC2A 3PE