



Royal College of Surgeons

FACULTY OF DENTAL SURGERY

DIPLOMA IN SPECIAL CARE DENTISTRY PART B APPLICATION FORM

Please attach a
passport sized
photograph

Date of Examination	
Submission Deadline	
Payment fee	

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:	



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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"/>

Evidence of Education and Experience (Photocopy as necessary if more than one employer)*

Post:		No of Months:	
Date From		Date To	
I certify that has completed 2 years full time employment (or equivalent part time within a 5 year period) experience in the field of special care dentistry. I confirm they held the above post and his/her declaration is a true statement of fact.		Official Stamp	
Name of Supervisor/Line Manager (BLOCK CAPITALS)			
GDC Number			
Signature of Supervisor/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



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- 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.			<input type="checkbox"/>
I have previously provided 2 copies of: <ul style="list-style-type: none">• 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).			<input type="checkbox"/>
I have provided 2 copies of each of the two case presentations with this application.			<input type="checkbox"/>
I have read and understood the regulations.			<input type="checkbox"/>
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.



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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
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 address below:

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