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| **TRI-COLLEGIATE DIPLOMA OF SPECIALTY MEMBERSHIP**  APPLICATION FOR APPOINTMENT TO THE PANEL OF EXAMINERS FOR THE  MEMBERSHIP IN ORAL SURGERY, PAEDIATRIC DENTISTRY AND SPECIAL CARE DENTISTRY EXAMINATIONS |

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I wish to be considered for appointment to the panel of Examiners for

Oral Surgery / Paediatric Dentistry / Special Care Dentistry (delete as applicable)

# personal details

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| **Title: ....................................................…….**  **Surname: .............................................……**  **First Names: ................................................**  **Date of Birth: .............................................**  **Mobile Telephone: ......................................**  **E-mail:………………………………………….** | **Home Address:**  **............................................................................**  **............................................................................**  **............................................................................**  **Postcode: .........................................................**  **Home Telephone: .............................................** |

PROFESSIONAL DETAILS

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| **GDC number:……………………………………..** | | **Specialist list(s) or overseas equivalent:**  **…………………………………………………………** | |
| ***All applicants are required to be a Fellow or Member of one of the three Colleges and be in good standing. Please confirm below the Fellowship(s)/Membership(s) which you hold*** | | | |
| **Royal College of Surgeons of Edinburgh** | **Royal College of Surgeons of England** | | **Royal College of Physicians and Surgeons of Glasgow** |
| **Roll Number:**  **Date of Election:** | **Roll Number:**  **Date of Election:** | | **Roll Number:**  **Date of Election:** |

*Each of the Tri-Collegiate Specialty Membership Examinations is administered by a different College. You should send your completed application to the relevant College:*

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| **Oral Surgery**  **Examination Department**  The Royal College of Surgeons of England  35 – 43 Lincoln’s Inn Fields  London WC2A 3PE  Telephone +44 (0) 20 7869 6281  Fax +44 (0)20 7869 6290  [exams@rcseng.ac.uk](mailto:exams@rcseng.ac.uk)  [www.rcseng.ac.uk](http://www.rcseng.ac.uk) | **Special Care Dentistry**  **Examinations and Assessment Unit**  The Royal College of Physicians and Surgeons of Glasgow  232 – 242 St Vincent Street  Glasgow G2 5RJ  Telephone + 44(0) 141 221 6072  Fax +44 (0) 141 221 1804  [mscd@rcpsg.ac.uk](mailto:mscd@rcpsg.ac.uk)  [www.rcpsg.ac.uk](http://www.rcpsg.ac.uk) | **Paediatric Dentistry**  **Examination Section**  The Royal College of Surgeons of Edinburgh  3 Hill Place  Edinburgh, EH8 9DS  Telephone +44 (0) 131 527 1600  [dental.exams@rcsed.ac.uk](mailto:dental.exams@rcsed.ac.uk)  [www.rcsed.ac.uk](http://www.rcsed.ac.uk) |

present appointment

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| **Post:......................................................................Date commenced: ...............................................**  **Location: .............................................................................................................................................**  **Address: ..........................................................................................................................................………….......................................................................................................................................…………………………**  **.................................................................................... Postcode ..........................................………….**  **Telephone no: ...................................................... Fax no: .................................................................** Work Email: …………………………………………………………………………………………………….. **Preferred contact by:**  **i) Post: HOME WORK (circle as appropriate)**  **ii) E-mail: HOME WORK (circle as appropriate)** |

# main specialty and sub-specialty (if any) interest

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# education

Qualifications obtained (include degrees, diplomas, professional examinations)

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| **Examination/Qualification** | **Year** | **Awarding Body** | **Year** |
|  |  |  |  |

# previous appointments

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Position held** | **Dates** | |
| **From** | **To** |
|  |  |  |  |

**EXAMINING EXPERIENCE –** please include membership of examination boards and examinerships

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| --- | --- | --- | --- |
| **Professional Body** | **Subject** | **Dates** | |
| **From** | **To** |
|  |  |  |  |

**EXAMINER TRAINING COURSES –** please list any courses that you have attended

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| **Name** | **Venue** | **Date** |
|  |  |  |

**postgraduate TEACHING/training/education EXPERIENCE –** please list your experience within the last 3 years

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| --- | --- | --- | --- |
| **Organisation** | **Subject** | **Dates** | |
| **From** | **To** |
|  |  |  |  |

**publications -** please list your three most recent publications (if applicable)

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**DATA PROTECTION**

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| *All personal information held by the Examination department/section will be held in accordance with the UK Data Protection Act 2018 and the General Data Protection Regulation. Any data collected may be exchanged between the Royal College of Surgeons of Edinburgh, the Royal College of Surgeons of England and the Royal College of Physicians and Surgeons of Glasgow but will not be released without your permission.* |

# DECLARATION

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| I understand that the procedure of appointment is by submission to the Tri-Collegiate Examination Board. Subject to acceptance by the Board, my name will be forwarded to the Tri-Collegiate Specialty Membership Examination Executive (TSMEE) for approval. If appointed, I am prepared to serve on the Panel of Examiners and agree to examine in accordance with the details in the specification for the post.  I confirm that I am:   * in active clinical or teaching practice * not under any disciplinary investigation * in good standing with the College * completing CPD requirements * prepared to undergo training * prepared to serve on the Panel of Examiners for a period of five years * prepared to provide questions and other examination material when requested   **Signed: ......................................................................................... Date: .........................**  **(Please ensure that signatures are in ink. Any form without a signature or with a typed signature will not be considered).** |

**Before sending your application form please ensure that you meet the eligibility criteria on the following page.**

**Please also ensure that you provide two completed and signed referee forms (page 6 of this form).**

Appointment to the Panel of Examiners for the Tri-Collegiate Specialty Membership Examinations in Oral Surgery / Paediatric Dentistry / Special Care Dentistry

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| 1. Eligibility Criteria   Examiners should …   * be a Dental Fellow or Member of one of the Royal Colleges in the United Kingdom or Ireland * have held a Primary Dental Qualification recognised by the GDC for registration purposes for a period of not less than 10 years * have been on the relevant GDC specialist list for a minimum of 1 year * be engaged in active clinical/academic practice in the specialty * be active in postgraduate dental training/education/teaching * be in good standing with the GDC/GMC/IMC or equivalent body and not under investigation by any Trust/employing body * be able to provide the names and contact details of two referees * show commitment to the practice of their specialty * normally be able to complete one term of office before retirement from clinical practice  1. **Principal Roles**   Appointment will be for a period of five years in the first instance renewable by the Tri-Collegiate Examination Board  To remain on the Panel, examiners are:   * required to undertake training prior to and during involvement in the examination * expected to produce questions for written paper and clinical question banks when invited to do so * actively participate in ensuring that the examination is of the highest standards * attend mandatory training courses * evaluate the performance of candidates in the examinations (including marking written papers) whilst upholding the principles of equality and diversity * assist in the compilation of question papers for the written and clinical scenario sections if requested * protect the confidentiality of the examination question bank**.**   March 2013 |

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APPOINTMENT OF EXAMINERS – REFEREES FORM

**PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE**

|  |  |
| --- | --- |
| APPLICANTS DETAILS | |
| **Surname:**  **First names:**  **Title:**  **Email address:** | **Contact address:**  **Post code:** |

|  |  |
| --- | --- |
| PERSONAL DETAILS OF REFEREE | |
| **Surname:**  **First names:**  **Title:**  **Telephone:**  **Email address:** | **Contact address:**  **Post code:** |

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| **In what capacity do you know the applicant:** |

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| Comments on suitability of candidate to join Faculty of Examiners |
| **Teaching experience / Skills** |
| **Examining / Assessing experience / skills** |
| **Other relevant experience / skills** |

I confirm that I support the above applicant’s application to join the Panel of Examiners for the Tri-Collegiate Specialty Membership in Oral Surgery / Paediatric Dentistry / Special Care Dentistry (delete as applicable).

**PLEASE ENSURE THAT SIGNATURES ARE INK. ANY FORM WITHOUT A SIGNATURE OR WITH A TYPED SIGNATURE WILL NOT BE ACCEPTED.**

**Signed:……………………………………………………………….Date:……………………………………………**

Please return your completed and signed referee form to the applicant’s address provided at the top of the document.