CONFIDENTIAL



Mr/Mrs/Miss/Ms/Other

Personal Details

Name:

Title:

Surname

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

First names

Please complete this form in typescript or return an e-mail attachment

Address:						
			Post Code			
Hospital Telephone Number			Home Telephone Number			
e-mail address:		_				
Home		W	ork			
		_				
Education Qualifications Obtained (including d	learees, dipl	lomas, n	rofessional examinations):			
Qualifications Obtained (including of 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: Dates							
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 BY EMAIL TO: dentalexams@rcseng.ac.uk	
Closing date: 24 th August 2020	