

LDS Dental Manikin Core Group Lead Application Form

1. Personal Details

Title:	Forenames:
Surname:	GDC No:
Home Address:	Practice Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:
Mobile:	

2. Qualifications (degrees, diplomas, professional examinations)

Qualification	Awarding Authority	Year of award

3. Appointments (current appointment first and then those relevant to the application)

Name and address of employer	Position held	Dates (from/to)		Speciality (if applicable)

Continue on a separate sheet if necessary

4. **Supporting statement (please explain, using relevant examples, how you meet the criteria in the person specification).**

Continue on a separate sheet if necessary

5. References

Please give details of two referees, not related to you, who can be approached if your application is successful. One of the referees should be your present or most recent employer, and both should be work related.	
Name:	Name:
Position:	Position:
Relationship to you:	Relationship to you:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
Telephone:	Telephone:

6. Declaration

I confirm that, if appointed, I will not teach on a preparatory course three months before the start of my examiner term. I also confirm that I will not teach on a preparatory course during or within three months of the termination of my examiner ship.

I declare that all the information I have given on this application form is true to the best of my knowledge.

I understand that my application may be rejected and/or that I may be removed from the examiner panel if I have given false information.

I understand that, if I am appointed, personal information about me including performance data relating to examiner training and feedback will be computerised for personnel / administrative purposes and statutory returns and will be held by the RCS ENG Examinations department, and the staff who administer the electronic

training portal and feedback process. As examiners can be temporarily inactive this information will be held electronically for the maximum possible duration of the examiner's term of office (currently 16 years).

Signed:

Date:

On completion, this form should be sent to dentalteam@rcseng.ac.uk.

Equal Opportunities form

The Royal College of Surgeons of England aims to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates.

In line with UK and Irish legislation and good practice guidelines, we are asking all applicants to complete this section. You are not obliged to provide any of the information in this section, and a 'prefer not to say' option is provided, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be held in accordance with the General Data Protection Regulation and held in line with the retention schedule of the College you applied to. Information relating to the retention schedule can be supplied on request. Your information will be used only for monitoring our business practices.



Gender

- Female
 Male
 Transgender
 Prefer not to say

Ethnicity

Choose one selection from the list below to indicate your ethnic group or background.

a) White

- English/Welsh/Scottish/Northern Irish/British
 Irish
 Gypsy or Irish Traveller
 Any other White background (write in)

b) Mixed / Multiple Ethnic Groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background (write in)

c) Asian or Asian British

- Bangladeshi
 Chinese
 Indian
 Pakistani
 Any other Asian background (write in)

d) Black / African / Caribbean / Black British

- African
 Caribbean
 Any other Black / African / Caribbean / Black British (write in)

Other Ethnic Group

- Arab
 Any other ethnic background (write in)

Prefer not to say

Do you consider your first language to be English?

- Yes
 No
 Prefer not to say

Do you have a disability under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

- Yes
 No
 Prefer not to say

What is your sexual orientation?

- Bisexual
 Heterosexual
 Lesbian or Gay
 Prefer not to say

Marital Status

- Single
 Married
 Cohabiting
 Civil partnership
 Separated/divorced
 Widowed
 Prefer not to say

What is your religion or belief?

- Buddhist
 Christian
 Hindu
 Jewish
 Muslim
 Sikh
 Other religion/belief
 No religion
 Prefer not to say