

**The Royal College of
Surgeons of England**
35-43 Lincoln's Inn Fields
LONDON WC2A 3PE

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Examination Application Form for

INTERCOLLEGIATE DIPLOMA OF MEMBERSHIP IN RESTORATIVE DENTISTRY

This form is to be completed and returned to the Examination Office, The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PE not later than the published closing date for the examination. The examination fee must accompany the form.

Surname: Title:

Block Capitals

Other Names:

Block Capitals

Male / Female (*delete as required*)

Date of Birth: / /

Address:

.....

.....

Post Code: Tel. No:

Mobile No: Email:

PLEASE INCLUDE 2
PASSPORT PHOTOS

ADMISSION

I hereby apply to be admitted to the Specialty Diploma of Membership in Restorative Dentistry Examination in the specialty of: (*Please tick **one** option*)

Endodontics	<input type="checkbox"/>	Periodontics	<input type="checkbox"/>	Prosthodontics	<input type="checkbox"/>
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Date of Examination for which candidate wishes to appear:

Date: / /

Have you previously sat this examination before:

YES/NO

Date: / /

Which College do you wish to affiliate to: (*delete as appropriate*)

England

Glasgow

If you have previously entered for this or any other examination of the Faculty of Dental Surgery, The Royal Colleges of Surgeons of England or of the Dental Faculty, The Royal College of Physicians and Surgeons of Glasgow, the date, the description of the last entry and the name of the college are to be stated here:-

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ACADEMIC RECORD

Primary Dental Qualification: Date Conferred:/...../.....

University / Dental College:

Country of Qualification:

Clinical School if different from above:

GDC Registration No. (if applicable): Date:/...../..... Limited / Provisional / Full
Please send original or attested copies of all certificates

Date of obtaining FDS / MFDS / or equivalent (*delete as appropriate*): Date:/...../.....

Awarding College:
(Candidates must provide evidence of having passed FDS / MFDS / or equivalent)

PROOF OF ELIGIBILITY

It is hereby certified that

Training Number

Subsequent to having obtained a recognised qualification in dental surgery and the MFDS or equivalent, has spent **at least three years** in a SAC approved training programme in Restorative Dentistry.

Signature Hospital
Of Postgraduate Dean / Training Programme Director (official stamp)

Name Date/...../.....
BLOCK LETTERS

DECLARATION (To be signed by ALL candidates)

I have read the current Regulations of the examination and understand the eligibility criterion and I now confirm that to the best of my knowledge all the information given on this form is a true statement of fact.

Signature of Applicant: Date:/...../.....

IMPORTANT NOTICE

This application, with the entry fee, must be returned to the Examinations Administrator, The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PE, no later than the date on which applications are due as shown in the examinations calendar. Cheques to be made payable to "The Royal College of Surgeons of England".

A candidate withdrawing an application for admission to an examination, in writing, will be refunded the fee paid, **less a 20% administration charge**, provided that such a withdrawal is received before the date on which the applications are due – as shown in the examinations calendar.

NO REFUNDS will normally be allowed to candidates who fail to attend examinations or who withdraw after the closing date.

THIS PAGE SHOULD BE RETAINED BY THE APPLICANT

TREATED CASES

Clinical case records must be submitted to the designated examination centre (Royal College of Surgeons of England) at least 4 weeks before the examination date. The clinical case records will be available for collection by the candidate following the adjudication and candidates should note that this is their personal responsibility.

A signed statement should accompany clinical case records from the accredited supervisors confirming the candidate's substantial involvement in the treatment of the cases.

Method of Payment

Payment must be made in full by cheque or credit / debit card. For details of current examination fees, please refer to the examinations calendar.

By Cheque: tick the box and enclose a cheque made payable to:
"The Royal College of Surgeons of England".
NB Please print candidate name on back of cheque.

By Credit / Debit Card: tick the box and fill in your Credit / Debit Card details below:

I wish to pay by: VISA / MASTERCARD/ SWITCH / DELTA / SOLO
(delete as appropriate)

Name of candidate (BLOCK CAPITALS):

Card No.:

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Start Date:

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 Expiry Date:

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Three digit security number (found on reverse of card):

Switch Card Issue Number Name of card holder:

Signature: Date:/...../.....

Examination Date:/...../.....

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 which must reach the College by the closing date for applications. Failure to complete any part of this form may result in your application being returned to you.

PRIVACY NOTICE:

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. Any data collected may be exchanged between the RCS England and RCPS Glasgow and will not be released elsewhere without your permission but may be used to verify qualifications and to prevent fraudulent activity. Your information will be held in line with the relevant College retention schedule.

SPECIAL NEEDS:

It is the responsibility of the candidate to notify the Examinations Office of the College of any special circumstances when they submit their application.

Applications for special consideration must be supported by written evidence in the form of a medical report from their General Practitioner or their Consultant trainer or Postgraduate Dean. In certain cases, such as dyslexia, a current Dyslexia Assessment report from an education psychologist will be required. In the case of a temporary disability due to ill health or accident which occurs after the application has been submitted, candidates must inform the Examinations Office as soon as possible **before** the examination.

EQUAL OPPORTUNITIES MONITORING (OPTIONAL):

As part of its Equal Opportunities policy the College will monitor admissions and examination results in relation to changes in the candidate population. Part of this monitoring process requires that we gather information on candidates' ethnic origin. This information will not be used in a negative or discriminatory manner but will be used to ensure that the examinations provide equal opportunities for all.

All such information will be held in strictest confidence. This information will not be available to anyone involved in examining you or to anyone involved in processing your results. Any use made of this data will not allow any individual to be identified.

Although we urge you to complete this form whether or not you do so is entirely voluntary. Whatever your decision it will not affect how we process your results.

Nationality: First language:

Choose one selection from the list below to indicate your cultural background.

White

British

Irish

Any other white background, please specify

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background, please specify

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please specify

Black or Black British

Caribbean

African

Any other Black background, please specify

Chinese or other ethnic group

Chinese

Any other ethnic group, please specify

Middle Eastern / Arabic

Arabic

Any other Middle Eastern background, please specify