



FACULTY OF GENERAL DENTAL PRACTICE (UK)
THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

FGDP(UK) APPLICATION FOR THE DIPLOMA IN RESTORATIVE DENTISTRY

FACULTY OF GENERAL DENTAL PRACTICE (UK)

London January 2009 – 2011

Application No. _____ Date of receipt _____
(Office use only)

Please affix recent passport-sized photograph here

Please complete all pages in BLOCK CAPITALS and tick boxes as appropriate

Title (Mr/Mrs/Miss/Ms/Dr) _____ Surname _____ Sex M / F

Forename(s) _____ Date of birth day/month/year) _____

GDC No. (optional) _____ National registration No. optional) _____
(for non-UK nationals)

FGDP(UK) membership no. (If applicable) _____

Correspondence address
(Please note this is the address to which the Faculty will send all correspondence)

Telephone daytime/work _____ Evening/home _____

Email address _____ Fax _____

Permanent home address (if different from above)

Date of qualification



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ACADEMIC RECORD

Please include details of previous qualifications awarded, including awarding body, title and subject of qualification and classification of award, along with the date awarded

| Course title & award | Awarding body (e.g. University/College) | Year awarded | Result |
|----------------------|--|--------------|--------|
| | | | |

Please give details of any other courses or academic achievements not already mentioned which are relevant to your application

| Course title & award | Awarding body (e.g. University/College) | Year awarded | Result |
|----------------------|--|--------------|--------|
| | | | |

WORK EXPERIENCE



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REFERENCES

All applicants are required to nominate two professional referees whom the FGDP(UK) may approach if required

Reference one

Reference two

Name _____ Name _____

Position _____ Position _____

Address _____ Address _____

Telephone _____ Telephone _____

Fax _____ Fax _____

Email address _____ Email address _____

Professional relationship _____ Professional relationship _____

SPECIAL NEEDS

If you have any special needs owing to a disability or specific learning difficulty, please give details

THE FOLLOWING SECTION MUST BE SIGNED

I certify that the statements I have made on this form are correct

I confirm that, if admitted to the programme, I will conform to the FGDP(UK) regulations

Signature _____ Date _____

PLEASE NOTE THAT THIS COURSE IS TAUGHT EXCLUSIVELY IN ENGLISH AND CANDIDATES WILL BE REQUIRED TO READ LITERATURE AND COMPLETE ASSIGNMENTS IN ENGLISH

Please return your completed application to:

The Education Officer, FGDP(UK), The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PE

Applications will be considered on the basis of clinical experience, qualifications and general merit. However, the number of places on the programme is limited.

The FGDP(UK) cannot therefore guarantee it will be possible to admit every suitably qualified applicant.

DATA PROTECTION ACT

This information will be held in accordance with the Data Protection Act used for the purposes of course administration relating to The Diploma in Restorative Dentistry

(It is not compulsory to fill in this form)

For the purpose of internal monitoring please complete the following:

Gender _____

Ethnic origin _____

Choose one selection (a) to (e) then tick the appropriate box to indicate your cultural background.

(a) White

British

Irish

Any other White background

Please write here _____

(b) Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Please write in here _____

(c) Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other mixed background

Please write in here _____

(d) Black or Black British

Caribbean

African

Any other mixed background

Please write in here _____

(e) Chinese or Other ethnic group

Chinese

Any other mixed background

Please write in here _____