



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

Key Skills in Primary Dental Care Assessment for Dental Care Professionals

Submission of this application will register the applicant for the assessment. Applicants should not send work with this form; submission instructions for completed work will be sent by the FGDP(UK) on receipt.

Please enclose the initial registration fee with this application. Cheques should be made payable to FGDP(UK).

Last name (BLOCK LETTERS) **Title**

Other names (BLOCK LETTERS)

Address (FOR CORRESPONDENCE).....

.....

.....

Work Address (IF DIFFERENT)

.....

Daytime telephone number.....

Email Address:

Previous qualification(s), with dates & name of awarding authority:

| Qualification | Year | Awarding Authority |
|---------------|------|--------------------|
| | | |
| | | |
| | | |

Please state your role in the dental team.....

GDC number (if applicable).....

Please turn over

Declarations

To be signed by the applicant on this form.

(Please sign this section before returning your application to the Faculty)

I hereby wish to register for the Key Skills in Primary Dental Care Assessment for Dental Care Professionals. I have read and understood the regulations and declare that I am practising in one of the DCP roles stated in paragraph 1 of the regulations.

Signature of applicant: Date:

Declaration for those practising in a role subject to GDC registration (see paragraph 1 of the regulations).

I declare that I am either currently registered with the General Dental Council or will be eligible for registration prior to 31st July 2008.

Signature of applicant: Date:

Equal Opportunities Monitoring

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

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|---|---|
| <p>Gender</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>Nationality.....</p> <p>1st language.....</p> <p>Do you have a disability <i>under the terms of the Disability Discrimination Act 1995 (a person with a physical or mental impairment that affects your ability to carry out normal day to day activities which are substantial, adverse and long term)?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>What is your sexual orientation?</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Homosexual</p> <p>What is your religion or belief?</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Other religion/belief</p> <p>Indicate a more specific category here:</p> <input type="text"/> | <p>Ethnicity</p> <p><i>Choose one selection from the list below to indicate your cultural background.</i></p> <p>a) White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background</p> <p>b) Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background</p> <p>c) Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> <p>d) Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background</p> <p>e) Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other background</p> <p>Indicate a more specific category here:</p> <input type="text"/> <p><i>This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practices.</i></p> |
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