



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 – 2010-2012

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

- Please enclose a current Curriculum Vitae (this should contain your postgraduate, clinical and practice environment experience).
- Please also include a personal statement letter to act as support of your application

The closing date for this application is **8th March 2010**

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

Title (Mr/Mrs/Miss/Ms/Dr) _____ Surname _____

Forename(s) _____ Sex M / F

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 and School 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 Diploma in Restorative Dentistry.

(It is not compulsory to fill in this form)

Where did you hear about this course?

- Website
- Word of mouth
- Journal please specify _____
- Mailing List
- If other, please specify _____

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 _____