



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

**FGDP(UK) APPLICATION FOR THE CERTIFICATE IN APPRAISAL OF DENTAL PRACTICES**

FACULTY OF GENERAL DENTAL PRACTICE (UK)

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 \_\_\_\_\_

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 FGDP(UK) will send all correspondence)

\_\_\_\_\_  
\_\_\_\_\_

Telephone daytime/work \_\_\_\_\_ Evening/home \_\_\_\_\_

Email address \_\_\_\_\_ Fax \_\_\_\_\_

Permanent home address (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

**HOW WILL YOU FINANCE YOUR STUDIES?**

Course fees are £800 for FGDP(UK) members and £900 for non-members.  
This covers tuition, course notes and assessment.

Please confirm how you wish to finance your studies? (tick appropriate box)

Funded by employer  Self-funded  Both

If you are being funded partially/fully by your employer, please give their name and contact details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

FGDP(UK) APPLICATION FOR THE CERTIFICATE IN APPRAISAL OF  
DENTAL PRACTICES

FACULTY OF GENERAL DENTAL PRACTICE (UK)

## 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

## GENFRAI

Please summarise your experience of practice appraisals to date.

---

---

---

---

---

---

---

What are your reasons for applying for this postgraduate programme and how might this aid your career development?

Please refer to career and personal reasons as appropriate.

---

---

---

---

---

---

---



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

**FGDP(UK) APPLICATION FOR THE CERTIFICATE IN APPRAISAL OF DENTAL PRACTICES**

**FACULTY OF GENERAL DENTAL PRACTICE (UK)**

**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

In the event of my withdrawing from the course within four weeks of the start of the programme, I understand that a cancellation charge of 50% of the total course fee will be charged.

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

There are a limited number of spaces on this course, so a first come first served basis is applied  
**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 Certificate in Appraisal of Dental Practices

(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 in 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* \_\_\_\_\_