



Faculty of General Dental Practice (UK)
The Royal College of Surgeons of England

FGDP(UK) CERTIFICATE IN APPRAISAL OF DENTAL PRACTICES

FACULTY OF GENERAL DENTAL PRACTICE (UK)

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

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.



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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

GENERAL

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.



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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

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)

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 _____