



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



Advancing your career, setting the standards

CAREER PATHWAY ENQUIRY FORM

Please complete the form using **BLOCK CAPITALS** and **BLACK INK**

1. Personal details

Surname: _____ Title: _____

Other names: _____ GDC number: _____

Address: _____

Town: _____ County: _____ Postcode: _____

Telephone number: _____ Fax number: _____

Email address: _____

Are you a Faculty member? (*Delete as Appropriate*) YES / NO

If yes, please give your membership number: _____

Where did you hear about the Career Pathway?: _____

➤ *To enable us to advise you adequately please answer all questions as fully as possible.*

All information given in this form will be recorded electronically, in accordance with the Data Protection Act 1988, and used only for monitoring our businesses process. It will not be passed to any third parties outside The Royal College of Surgeons of England and its supporting institutions without express permission from yourself.

2. Date of primary qualification(s)

Please give date, university, and state LDS/BDS or overseas equivalent.

3. Postgraduate qualifications

Please list all postgraduate qualifications held, including clinical and non-clinical. Please include details of awarding institution and date obtained. Where modular components of postgraduate qualifications have been completed, these should also be listed.

(You may wish to submit an up-to-date CV if available, but you should also complete this section)

Postgraduate qualifications

Name of qualification	Awarding institution	Date obtained

4. Practice details

Please give brief details of your current practice. (* Delete as appropriate)

Your position in the practice: *Principal / Associate / Other: _____

Number of dentists/chairs: _____; number of DCPs employed: _____

Scope of practice: *General Dental Service / Community Dental Service / Personal Dental Service

Other: _____

Additional interests or details (e.g. VT training / PCT adviser):

5. Current educational programmes

Are you currently taking part in any courses and/or educational programmes? If so, please give details.

6. Skills/interests

Do you have or wish to develop any special interests within primary dental care? Are you considering taking part in any educational courses? If so, please give details. Are you interested in developing skills in a particular area? If so, please give details.

Full name: (BLOCK CAPITALS) _____

Signed: _____ Date: _____

Please return completed applications to:
FGDP(UK), The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE
Tel: 020 7869 6772 Fax: 020 7869 6765