



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

## Application for e-ssociate Membership of the Faculty of General Dental Practice (UK)

### Application for e-ssociate membership

This is a new service for dentistry students in their final two years of undergraduate training, giving free access to the full range of membership benefits of the FGDP(UK).

Please print in black ink

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Title: \_\_\_\_\_ Gender: M / F Date of birth: \_\_\_\_\_

Undergraduate dental school: \_\_\_\_\_

Date course commenced: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Membership mailings will be sent to this address. It will not be divulged to any third parties.

**Special Interests:**

*Please list a maximum of four areas of special interest. This enables us to send you information on events and courses of interest to you.*

1. \_\_\_\_\_ 3: \_\_\_\_\_

2. \_\_\_\_\_ 4: \_\_\_\_\_

**Where did you hear about us?** Dental school / dental press / online forum / event / other (delete as appropriate)

**Declaration** (must be completed by all applicants)

I wish to apply for e-ssociate membership of the Faculty of General Dental Practice (UK). I agree to uphold the aims and objectives of the Faculty and to be bound by the Faculty rules.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Data Protection Act**

This information will be held in accordance with the Data Protection Act 1998. It may be shared with departments located within the FGDP(UK), but will not be used for commercial purposes.

**Faculty of General Dental Practice (UK)**

The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields,  
London WC2A 3PE Telephone: 020 7869 6754 Fax: 020 7869 6765  
e-mail: fgdp@rcseng.ac.uk website: www.fgdp.org.uk  
Registered Charity No. 212808

In line with UK legislation and good practice guidelines, we have to ask 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.

### Equal opportunities monitoring

#### Gender

- Female
- Male

Nationality \_\_\_\_\_

1st language \_\_\_\_\_

**Do you have a disability 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)?**

- Yes
- No

#### What is your sexual orientation?

- Bisexual
- Heterosexual
- Homosexual

#### What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion / belief

Indicate a more specific category here:

#### Ethnicity

Choose one selection from the list below to indicate your cultural background.

##### a) White

- British
- Irish
- Any other white background

##### b) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

##### c) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

##### d) Black or Black British

- Caribbean
- African
- Any other black background

##### e) Chinese or other ethnic group

- Chinese
- Any other background

Indicate a more specific category here:

*This information will be recorded electronically, in accordance with the Data Protection Act 1998 and used only for monitoring our business processes.*

Please return this form to:

William McKinnon  
Finance & Membership Officer  
The Faculty of General Dental Practice (UK)  
The Royal College of Surgeons of England  
35-43 Lincoln's Inn Fields  
London  
WC2A 3PE