



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

FGDP(UK) APPLICATION FOR THE CERTIFICATE IN DENTAL HEALTH SERVICE LEADERSHIP and MANAGEMENT

FACULTY OF GENERAL DENTAL PRACTICE (UK)

Application No. _____ Date of receipt _____

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 _____ Sex M / F

Forename(s) _____ Date of birth (day/month/year) _____

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)

PLEASE TICK THE UNIT(S) FOR WHICH YOU ARE APPLYING

Unit 1 Personal Development

Unit 2 Managing Your Business

Unit 3 Dentistry in the Wider Context

Unit 4 Law, Ethics and Risks

Unit 5 Quality Management

Unit 6 Personnel and Resources

All 6 Units



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PROPOSED START DATE

VENUE FOR RESIDENTIAL UNITS

Please see attached list for details of residential units

White Hart Hotel, Harrogate, North Yorkshire

Holiday Inn, Gatwick

HOW WILL YOU FINANCE YOUR STUDIES?

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

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



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GENERAL

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.

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



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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

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 Dental Health Service Leadership

PLEASE ATTACH A COPY OF AN UP TO DATE CV TO THIS APPLICATION

(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 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 _____