

Application for Membership of the Faculty of General Dental Practice (UK)

Promoting Excellence in Dentistry



PLEASE READ ACCOMPANYING DOCUMENTATION BEFORE COMPLETING THIS FORM IN BLACK INK AND CAPITAL LETTERS

Membership of the Faculty is open to all registered dentists. On application you must include information with this form that confirms you are undertaking verifiable and non-verifiable CPD in accordance with GDC criteria. On achieving full membership, you must participate in 20 hours verifiable CPD per annum (five hours more than the GDC statutory scheme).

Return to: Faculty of General Dental Practice (UK), The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE

1. Your Personal Details

Surname:

Forenames:

Title:

Gender:

Date of birth:

 / /

Home address:

Post code:

Telephone:

Work address:

Post code:

Telephone:

Preferred e-mail address:

2. Your Professional Status

Undergraduate dental school:

Qualifications (with dates and awarding authority)

BDS (or equivalent)

Date

 / /

LDS

Date

 / /

Other degrees and diplomas

Date

 / / / /

GDC registration number:

Postgraduate activity:

Please attach a record of postgraduate activity (or CPD) undertaken during the last calendar year (1 January-31 December). You must have attained a minimum of 50 hours during the year, of which 15 must be verifiable (20 hours for full members). Attendance at vocational training may be included in the total.

This information may be submitted either on a Faculty form (downloadable from our website), the GDC form or any other designed for the purpose.

3. Your Membership

Category: Please tick relevant category below. For membership rates, please see accompanying documentation. Fees are normally tax-deductible.

Full

Open to registered dentists who have been awarded an approved postgraduate diploma by any of the four Royal Colleges

Joint

Open to registered dentists who are also members of the Faculty of Dental Surgery

Associate +3

Open to registered dentists who have been qualified for at least three years, but do not hold an approved postgraduate diploma

Associate

Open to registered dentists within three years of graduation

Retired

Open to retired dentists who support the aims and objectives of the FGDP(UK)

Member in full-time education / Maternity / Career Break

Open to registered dentists. Proof will be required.

Divisional preferences:

The Faculty is represented throughout the UK by regional Divisions (see overleaf). The Division to which you belong depends on your registered address with the Faculty, which can be either your work or home address.

If my application is successful, I wish to join the _____ Division, within which my practice/home* is located. *Delete as applicable

4. Your Signature and Declaration

- I apply for membership of the Faculty of General Dental Practice (UK) of The Royal College of Surgeons of England.
- I am a registered/retired* dental practitioner (*delete as appropriate) and I am registered with the GDC**.
- I agree to uphold the aims and objectives of the Faculty and to be bound by the Faculty rules.
- I will undertake a minimum of 50 hours of approved postgraduate activity each year, including a minimum of 15 hours (20 hours for full members) verifiable CPD.

* Retired practitioners need not be registered with the GDC.

** Overseas applicants should supply the name of the registration authority holding their certificate of registration.

Signature

Date / /

Data Protection

The data on this form is used to assess your eligibility for membership and to allow the Faculty to provide the information and services you would expect as a member. The data is held in accordance with the Data Protection Act 1998 and is not sold or leased elsewhere.

5. Select Your Payment Method

A. By credit/debit card I wish to pay my fees by:

Visa
 Mastercard
 Switch/Maestro
 Delta

Card Number

Start Expiry Security No:* Issue No:

 /
 /

* The security number is the last three digits on the signature strip on the reverse of your card.

(Switch/Maestro only)

Signature

Date / /

B. By cheque

I enclose my fee by CHEQUE made payable to: Faculty of General Dental Practice (UK).

C. By direct debit INSTRUCTION TO YOUR BANK/BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Originator's identification number **9 0 7 9 1 1**

Name(s) of account holder(s)

Bank/building society account number Branch sort code

Name and address of your bank or building society

Bank or building society

Address

Post code

Instruction to your bank or building society:

Please pay the Faculty of General Dental Practice (UK) direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with the FGDP(UK) and if so, details will be passed electronically to my bank/building society.

Signature

Date / /

The Direct Debit Guarantee

Please make a copy of this portion for your records.

- This guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.
- If the amount to be paid or the payment dates change, the Faculty of General Dental Practice (UK) will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by the Faculty of General Dental Practice (UK) or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.



Registered Charity Number: 212808

FGDP(UK) Divisions

Central London
East Anglia
East Scotland
Mersey
North East Thames

North of Scotland
North Wales
North West Thames
North Western
Northern

Northern Ireland
Oxford
South East Thames
South Wales
South West Thames

Southwestern
Trent
Wessex
West Midlands
West of Scotland

Yorkshire