



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

**APPLICATION FORM - PART 1 MFGDP(UK)**

**FIRMLY  
ATTACH  
PASSPORT  
PHOTOGRAPH  
HERE**

**Last name** (BLOCK LETTERS) .....

**Other names** (BLOCK LETTERS) .....

**Title** ..... **Date of Birth:**

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**Address** (FOR EXAMINATION NOTIFICATION)  
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**Address** (OF PRACTICE, IF DIFFERENT)  
.....  
.....

**GDC Number** .....

**Email Address:** .....  
.....

**Contact Numbers:**  
*Home:* .....  
*Work:* .....  
*Mobile:* .....  
*Fax:* .....

If you have previously entered for this or any other Examination of this Faculty, The Royal College of Surgeons of England, or the Examining Board in England, the date and description of the last entry are to be stated here:  
.....  
.....

**Degree(s) or qualification(s), with dates & name of awarding authority:**

Degree/Diploma	Year	Awarding Authority

(Candidates whose names do not appear in the current UK dentist's register must submit evidence of their qualification and of the date of acquirement thereof)

If you are a Faculty member, please indicate to which Division you belong .....

**For Office Use Only**  
**Fee**

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**Postgraduate Activity**

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**Qualification Evidence**

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(Please sign this section before returning your application to the Faculty)  
I hereby apply to be admitted to Part 1 of the MFGDP(UK) examination commencing on:  
Date of examination ..... Date of application: .....  
Venue .....  
Signature of candidate: .....

This information will be held in accordance with the Data Protection Act 1998

**Please Turn Over**

## Declarations

**To Be Signed By The Candidate On This Form.**

(Please sign this section before returning your application to the Faculty)

I hereby acknowledge that I have read and fully understood the regulations relating to this examination and that I have enclosed the record of attendance of verifiable continuing professional development (CPD) as required under regulation 13.

Signature of candidate: ..... Date: .....

*(This declaration is optional)*

I authorise the FGDP(UK) Examinations Department to give details of my results to the MFGDP(UK) Divisional Diploma Tutors should I be successful in this component of the examination.

Signature of Candidate: ..... Date: .....

**A candidate withdrawing an application for admission to an examination in writing, will be refunded the full fee, provided that such withdrawal is received before the closing date of the examination.**

**NO REFUNDS will normally be allowed to candidates who fail to attend examinations or who withdraw after the closing date of the examination.**

### CHECKLIST

#### HAVE YOU ENCLOSED THE FOLLOWING?

- |  |                          |
|--|--------------------------|
| 1.) Passport photograph  | <input type="checkbox"/> |
| 2.) Examination fee (cheques must be made payable to FGDP(UK) & crossed)                             | <input type="checkbox"/> |
| 3.) <b>GDC number or evidence of qualification and registration if registered outside the UK.</b>    | <input type="checkbox"/> |
| 4.) Evidence of CPD in line with regulation 13<br><b>See table below for basic CPD requirements.</b> | <input type="checkbox"/> |

Length of time qualified	CPD needed
6-12 months	15 hours
12-18 months	25 hours
18 months or more	50 hours

**PLEASE NOTE THAT EACH INDIVIDUAL COURSE WILL COUNT FOR A MAXIMUM OF 25 HOURS TOWARDS THE CPD REQUIREMENT**

**CANDIDATES WHO DO NOT MEET THE CPD REQUIREMENT WILL NOT BE ELIGIBLE TO SIT THE EXAMINATION**

# Equal Opportunities Monitoring

In line with UK legislation and good practice guidelines, we are asking 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.

<p><b>Gender</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><b>Nationality</b>.....</p> <p><b>1st language</b>.....</p> <p><b>Do you have a disability</b> 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)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>What is your sexual orientation?</b></p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Homosexual</p> <p><b>What is your religion or belief?</b></p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Other religion/belief</p> <p>Indicate a more specific category here:</p> <div style="border: 1px solid black; height: 15px; width: 250px;"></div>	<p><b>Ethnicity</b></p> <p><i>Choose one selection from the list below to indicate your cultural background.</i></p> <p><b>a) White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background</p> <p><b>b) Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background</p> <p><b>c) Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> <p><b>d) Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background</p> <p><b>e) Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other background</p> <p>Indicate a more specific category here:</p> <div style="border: 1px solid black; height: 15px; width: 250px;"></div> <p><i>This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practices.</i></p>
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