



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

APPLICATION FORM - PART 2 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)

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GDC Number

Email Address

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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 2 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:

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

As stated in Regulation 13 I hereby acknowledge that I have been working in Primary Dental Care for at least eighteen months.

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.) Evidence of CPD in line with regulation 13 | <input type="checkbox"/> |

Candidates for the part 2 examination must show evidence of having undertaken at least 50 hours CPD in the 2 years prior to the part 2 examination.

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.

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 with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practices.