

MJDF PART 2 PRACTICAL COURSE

25 OCTOBER 2008

The Faculty of Dental Surgery of The Royal College of Surgeons of England and the Faculty of General Dental Practice [UK] are running a series of revision days leading up to the Diploma of Membership of the Joint Dental Faculties at The Royal College of Surgeons of England [MJDF RCS Eng] examination. Developed jointly by both faculties, the MJDF aims to assess knowledge after completion of a two-year foundation programme of general professional training.

The revision days are designed to reflect the content of the foundation training programme curriculum on which the MJDF syllabus is based. This practical course will concentrate on the practical component contained within Part 2 of MJDF and will provide candidates with an opportunity to practice objective structured clinical examination [OSCEs] and the new structured clinical reasoning exercises [SCRs]. Trainees will also be provided with extensive feedback throughout the course.

Since there are only a limited number of places available on this particular course, please book early to secure a place.

This revision day will attract 5 credits for CPD

Please return your completed application form to:

The Education Department
FACULTY OF DENTAL SURGERY
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
LONDON
WC2A 3PE

Tel: 020 7869 6815/6814/6813

Fax: 020 7869 6818

Email: fdseducation@rcseng.ac.uk

For detailed information on the MJDF, including the structure of the examination, transition arrangements with the MFDS and MFGDP(UK), application forms and exam dates, visit:

www.rcseng.ac.uk/fds/mjdf or www.fgdp.org.uk/exams/mjdf



MJDF PART 2 PRACTICAL COURSE: 25 OCTOBER 2008

<input type="checkbox"/>	I wish to attend the MJDF Practical Revision Course on Saturday 25 October 2008 [Course fees are set at £450]. Please specify which session you wish to attend:
<input type="checkbox"/>	Cheque for £450 made payable to <i>The Royal College of Surgeons of England</i>
<input type="checkbox"/>	Please debit my card for £450

Credit card details:

<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Switch	<input type="checkbox"/>	Delta
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expiry date		Issue no.		Start date		Signature	
Cardholders name							

Contact details:

Last name in full		Other names	
Title		Gender	
Date of birth		GDC no.	
Tel no./mobile		Email address	
Please indicate how you heard about this course		Please indicate any dietary restrictions	
Address			
Postcode			

The information you provide will be held on a College wide database and maybe shared with any relevant Specialist Associations located within the building. It will be use for relevant College mailings and used to process your application and stored in accordance with the Data Protection Act 1988.

We would like to keep you informed of other events and activities that may be of interest to you, please tick this box if you do **not wish** to receive these mailings.

Please note that there is a fixed cancellation charge of 10%. Cancellations made 2 weeks prior to a course will result in no refund.

While we make every effort to run courses as advertised, we reserve the right to change the timetable and/or the teaching staff without prior notice and to cancel any courses without liability [in which case there will be a full refund of course fees to participants].



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.

Name:	Ethnicity <i>Choose one selection from the list below to indicate your cultural background:</i> a) White: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background b) Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background c) Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background d) Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background e) Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other background Indicate a more specific category here:
Gender:	
Nationality:	
1st Language:	
Do you have a disability <i>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)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your sexual orientation? <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian or Gay	
What is your religion or belief? <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other religion/belief 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.