

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

**APPLICATION FORM – Diploma in Dental Hygiene**

Last name of candidate (Block Capitals) \_\_\_\_\_ Title \_\_\_\_\_

Other names in full (Block Capitals) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**FIRMLY  
ATTACH  
PASSPORT  
PHOTOGRAPH  
HERE**

Address \_\_\_\_\_

for examination  
notice

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

School of Dental Hygiene:

School	
Year of entry	

Qualifications:

School	Qualification	Subject	Grade	Year

DipDH RCSEng Examination  
being Entered:

School:	
Date: (mm/yy)	

**To be completed and signed by the Director of the School of Dental Hygiene**

The candidate has passed the end of 1 <sup>st</sup> Year Assessment:	
Continuous assessment record has been completed satisfactorily:	
The 2 <sup>nd</sup> Year Project has been completed to a satisfactory standard:	
Date:	

I hereby apply to be admitted to the Diploma in Dental Hygiene examination:-

Signature of candidate \_\_\_\_\_ Date of application \_\_\_\_\_

**For Office Use Only**

Fee	<input type="text"/>	School	<input type="text"/>	Relevant Signatures	<input type="text"/>	Ref	<input type="text"/>
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## IMPORTANT NOTICE

**This application must be returned to the Faculty's Examinations Officer, Faculty of General Dental Practitioners (UK), The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE, not later than FOUR WEEKS before the date of the examination as shown in the examinations calendar, together with the fee. Cheques to be made payable to the 'Faculty of General Dental Practitioners (UK)' and crossed.**

**A candidate withdrawing an application for admission to an examination, in writing, will be refunded the fee, less 20% . Please refer to the Regulations for further details.**

**NO REFUNDS will normally be allowed to candidates who fail to attend examinations.**

**For the Purpose of internal monitoring please complete the following:**

**Gender** \_\_\_\_\_ (Male / Female)

**What is your ethnic group?**

Choose one selection from (a) to (e) then tick the appropriate box to indicate your cultural background.

(a) White

- British
- Irish
- Any other white background, please indicate: \_\_\_\_\_

(b) Mixed

- White & Black Caribbean
- White & Black Caribbean
- White & Asian
- Any other mixed background, please indicate: \_\_\_\_\_

(c) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please indicate: \_\_\_\_\_

(d) Black or Black British

- Caribbean
- African
- Any other Black background, please indicate: \_\_\_\_\_

(e) Chinese or Other ethnic group

- Chinese
- Any Other, please indicate: \_\_\_\_\_