

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

APPLICATION FORM - Diploma in Dental Therapy

Last name of candidate (Block Capitals) _____ Title _____

Other names in full (Block Capitals) _____ Date of Birth ____/____/____

FIRMLY
ATTACH
PASSPORT
PHOTOGRAPH
HERE

Address

Tel:

Fax:

School of Dental Therapy:

School	
Year of entry	

Qualifications:

School	Qualification	Subject	Grade	Year

DipDT RCSEng
Examination being Entered:

School:	
Date: (mm/yy)	

To be completed and signed by the Director of the School of Dental Therapy

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

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

Signature of candidate _____ Date of application _____

The FGDP(UK) processes examinations information on computer and is registered under the Data Protection Act, personal data will be used solely for the purposes of the FGDP(UK)

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: _____