

The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
LONDON WC2A 3PE
Charity No. 212808

The Royal College of Physicians and Surgeons of Glasgow
232-242 St Vincent Street
GLASGOW G2 5RJ
Charity No. SC000847

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Examination Application Form for

**INTERCOLLEGIATE DIPLOMA OF MEMBERSHIP IN ORTHODONTICS
PART 1 APPLICATION FORM**

This form is to be completed and returned to the Examination Office, The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PE not later than the published closing date for the examination. The examination fee must accompany this form. Cheques, banker's drafts or credit card payments should be made payable to the Royal College of Surgeons of England.

1 Surname : Title :
Block Capitals

2 Other Names :
Block Capitals

3 Male / Female (*delete as required*) Date of Birth :/...../.....

4 Address :

.....
.....

Post Code : Tel. No. :

Fax. No. : Email:.....

5 Primary Dental Qualification:..... Date Conferred:...../...../.....

University/Dental College:.....

Country of Qualification:.....

GDC Registration No (if applicable): Date:/...../..... Limited / Provisional / Full

Please send original, or attested copies, of all certificates.

7 Date of Examination for which candidate wishes to appear: Date:...../...../.....

8 Have you previously sat this examination before: YES/NO Date:...../...../.....

9 **Declaration** (To be signed by ALL candidates)

I have read the current Regulations of this examination and understand the eligibility criterion and I now confirm that to the best of my knowledge all the information given on this form is a true statement of fact.

Signature of Applicant : Date:...../...../.....

PLEASE INCLUDE
2
PASSPORT
PHOTOS

DATA PROTECTION:

All personal information held by the Examinations Office of the RCS England will be held in accordance with the Data Protection Act of 1998. Data will not be released outside the two partner Colleges, RCS England and RCPS Glasgow, without your permission but may be used to verify qualifications and to prevent fraudulent activity.

SPECIAL NEEDS:

It is the responsibility of the candidate to notify the Examinations Office of the College of any special circumstances when they submit their application.

Applications for special consideration must be supported by written evidence in the form of a medical report from their General Practitioner or their Consultant trainer or Postgraduate Dean. In certain cases, such as dyslexia, a current Dyslexia Assessment report from an educational psychologist will be required. In the case of a temporary disability due to ill health or accident which occurs after the application has been submitted, candidates must inform the Examinations Office as soon as possible **before** the examination.

EQUAL OPPORTUNITIES MONITORING (OPTIONAL)

As part of its Equal Opportunities policy the College will monitor admissions and examination results in relation to changes in the candidate population. Part of this monitoring process requires that we gather information on candidates' ethnic origin. This information will not be used in a negative or discriminatory manner but will be used to ensure that the examinations provide equal opportunities for all.

All such information will be held in strictest confidence. This information will not be available to anyone involved in examining you or to anyone involved in processing your results. Any use made of this data will not allow any individual to be identified.

Although we urge you to complete this form whether you do so or not is entirely voluntary. Whatever your decision it will not affect how we process your results.

Nationality:..... First language:.....

Choose one selection from the list below to indicate your cultural background.

a) White

British

Irish

Any other white background, please specify_____

b) Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background, please specify_____

c) Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background please specify_____

d) Black or Black British

Caribbean

African

Any other Black background, please specify_____

e) Chinese or other ethnic group

Chinese

Any other ethnic background, please specify _____

f) Middle East/Arabic

Arabic

Any other Middle Eastern background, please specify_____

Please return the completed form with your application. Thank you for your co-operation.