



Faculty of Dental Surgery  
The Royal College of Surgeons of England



Faculty of General Dental Practice (UK)  
The Royal College of Surgeons of England

## Examiner Application Form

### 1. Personal Details

Title:	Forenames:
Surname:	GDC No:
Home Address:	Practice Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:
Mobile:	

### 2. Qualifications (degrees, diplomas, professional examinations)

Qualification	Awarding Authority	Year of award



**3. Appointments (current appointment first and then those relevant to the application)**

Name and address of employer	Position held	Dates (from/to)		Speciality (if applicable)

Continue on a separate sheet if necessary



4. **Supporting statement (please explain, using relevant examples, how you meet the criteria in the person specification).**

Continue on a separate sheet if necessary



## 5. References

Please give details of two referees, not related to you, who can be approached if your application is successful. One of the referees should be your present or most recent employer, and both should be work related.	
Name:	Name:
Position:	Position:
Relationship to you:	Relationship to you:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
Telephone:	Telephone:

## 6. Declaration

I confirm that, if appointed, I will not teach on an MJDF preparatory course 3 months either side of a Part1 or Part 2 diet.

I declare that all the information I have given on this application form is true to the best of my knowledge.

I understand that my application may be rejected and/or that I may be removed from the examiner panel if I have given false information.

**Signed:**

**Date:**



On completion, this form should be sent to:

MJDF Examinations Office  
The Royal College of Surgeons of England  
35-43 Lincoln's Inn Fields  
London  
WC2A 3PE

### Data Protection Act

This information will be held in accordance with the Data Protection Act 1998. It will be held on a database for the administration of the MJDF examination only. Please notify us of any changes to these details.

### Equal Opportunities Monitoring (Optional)

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.

<p><b>Gender</b></p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><b>Nationality</b>.....</p> <p><b>First language</b>.....</p> <p><b>Do you have a disability</b> <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></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>What is your sexual orientation?</b></p> <p><input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual</p> <p><b>What is your religion or belief?</b></p> <p><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</p> <p>Indicate a more specific category here: <input type="text"/></p>	<p><b>Ethnicity</b> <i>Choose one selection from the list below to indicate your cultural background.</i></p> <p><b>a) White</b></p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background</p> <p><b>b) Mixed</b></p> <p><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</p> <p><b>c) Asian or Asian British</b></p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background</p> <p><b>d) Black or Black British</b></p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background</p> <p><b>e) Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Any other background</p> <p>Indicate a more specific category here: <input type="text"/></p> <p><i>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.</i></p>
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