

**CLINICAL CASE PRESENTATION - PATIENT CONSENT AND CANDIDATE DECLARATION FORM**

*A signed consent and declaration must be completed and placed in an envelope for each case presentation. The envelope should then be submitted to the administering College along the cases which should be submitted on either a CD or USB stick.*

*All candidate and patient information is handled in accordance with the current General Data Protection Regulation (GDPR (EU) / Data Protection Bill.*

**To be signed by the candidate:**

**I certify that I have personally carried out all or the majority of treatment for this patient.**

**Candidate Name (print).....**

**Candidate Signature:.....**

**Candidates Date of Birth:.....**

**To be signed by the patient, parent or guardian:**

*I understand that the paediatric dental treatment documented is for use in the Membership in Paediatric Dentistry Examination and I agree for this to be submitted to the relevant College. I understand that my son's/daughter's/ward's case history may be sent/uploaded to an address/secure webpage for scrutiny by examiners but that this information will never be in the public domain. In the unlikely event that the College needs to contact me regarding any particulars of my case, I agree to the College contacting me directly and confidentially at the address below:*

**Patient name .....**

**Patient initials and age at start of treatment .....**

**Patient, parent or guardian's signature .....**

**Patient, parent or guardian's printed name .....**

**Postal address.....**

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**Telephone number.....**

**Email address.....**

**Patient contact details will be held securely by the College until the examination has been completed and the candidate has received their result. The details will be confidentially destroyed after the 28 day appeal period has finished.**