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| **Diploma in Orthodontic Therapy****Examiner Application Form** |

# personal details

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| **Title: ....................................................…….****Surname: .............................................……** **First Names: ................................................****Date of Birth: .............................................****Mobile Telephone: ......................................****E-mail: ……………………………………….** | **Home Address:****............................................................................****............................................................................****............................................................................****Postcode: .........................................................****Home Telephone: .............................................** |

PROFESSIONAL DETAILS

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| **GDC number: ………..………………………..** |

present appointment

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| **Post: ..................................................................... Date commenced: ...............................................****Location: .............................................................................................................................................****Address: ........................................................................................................................................…………............... ................................................................................................................................…………………………****.................................................................................... Postcode: …...........................................………….****Work telephone: ….................................................... Work email: ............................................................****Preferred contact by:****i) Post: HOME WORK (circle as appropriate)****ii) E-mail: HOME WORK (circle as appropriate)** |

# main specialty and sub-specialty (if any) interest

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# education

Qualifications obtained (include degrees, diplomas, professional examinations)

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| **Examination/Qualification** | **Year** | **Awarding Body** | **Year** |
|  |  |  |  |

# previous appointments

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| --- | --- | --- |
| **Location**  | **Position held** | **Dates** |
| **From** | **To** |
|  |  |  |  |

**EXAMINING EXPERIENCE –** please include membership of examination boards and examinerships

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| --- | --- | --- |
| **Professional Body** | **Subject** | **Dates** |
| **From** | **To** |
|  |  |  |  |

**EXAMINER TRAINING COURSES –** please list any courses that you have attended

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| --- | --- | --- |
| **Name** | **Venue** | **Date** |
|  |  |  |

**postgraduate TEACHING/training/education EXPERIENCE –** please list your experience within the last 3 years

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| --- | --- | --- |
| **Organisation** | **Subject** | **Dates** |
| **From** | **To** |
|  |  |  |  |

# REASONS FOR APPLYING FOR THIS POST

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**DATA PROTECTION ACT (1988) AND FREEDOM OF INFORMATION ACT (1998)**

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| I understand that, if I am appointed personal information about me will be computerised for personnel/administrative purposes and statutory returns. |

**Your application must be supported by two referees.**

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| I declare that I have read the foregoing application, and to the best of my knowledge, this is a true record of the applicant’s clinical and postgraduate activity. I support this application for examinership of the RCS Eng Diploma in Orthodontic Therapy. a. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

# DECLARATION

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| I understand that the procedure of appointment is by submission to the DipOT Examination Board. Subject to acceptance by the Board, my name will be forwarded to the Examination Committees for approval. If appointed, I am prepared to serve on the Panel of Examiners and agree to examine in accordance with the details in the specification for the post.I confirm that I am:* in active clinical or teaching practice
* not under any disciplinary investigation
* in good standing with the College
* completing CPD requirements
* prepared to undergo training
* prepared to serve on the Panel of Examiners for a period of six years
* prepared to provide questions and other examination material when requested

**Signed: ......................................................................................... Date: .........................** |

UPON COMPLETION, PLEASE EMAIL THE FORM TO:

dentalexams@rcseng.ac.uk