



Specialty Membership Examinations

External Examiner Application Form

Please complete this form electronically and return it to dentalexams@rcseng.ac.uk

Examination preference

Please indicate which examination(s) you are interested in becoming an external examiner for:

Examination:	MOrth		RSME	Either	
Personal details	6				
Surname:		First	Name/s:	Title	-
Home Address:		Perso	onal email address:		

Home Address:

Personal email address:

Daytime tel:

Mobile tel:

Date of Birth:

Principal place of work:

Work Email address:

GDC number:

Speciality (as recorded on the GDC register):

Current College membership:

Summarised CV (Alternatively, please attach a brief CV) Qualifications

Examination / assessment experience:	
Examination / assessment experience:	Relevant work history / positions held:
Examination / assessment experience:	
	Examination / assessment experience:

Supporting statement

and experience make you suitable for the role.						

Declara	ion of interest			
	rare of any reason why your ability to apply judgements or act as an extensy be considered by others to be impaired or influenced by another into		YES / NO	
If yes, plea	se give details below:			
Data Pro	otection Act 2018			
General D	ata Protection Regulation. I understand that, if I am appointed, personal	informatio	n about and	
provided by me in External Examiner reports, including performance data relating to training and feedback will be computerised for personnel / administrative purposes and statutory returns and will be held by the RSC England and/or RCPSG staff who administer the SMEE examinations.				
Final de	claration			
I confirm that I will, if appointed, honour assessing commitments faithfully. I certify that I conform to the eligibility criteria and that the information I have given above is to the best of my knowledge correct.				
By submitting your application to the College, you are declaring that the information provided is correct and complete to the best of your knowledge.				
Name:		Date:		
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Submitting your application

Please e-mail your completed application form to the Head of Assessment, Alastair Shaw, at: dentalexams@rcseng.ac.uk