



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW



Faculty of  
Dental Surgery  
ROYAL COLLEGE OF SURGEONS OF ENGLAND

## Specialty Membership Examinations

# External Examiner Application Form

Please complete this form electronically and return it to [dentalexams@rcseng.ac.uk](mailto:dentalexams@rcseng.ac.uk)

## Examination preference

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

Examination:	MOrth		RSME		Either	
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## Personal details

Surname:	First Name/s:	Title:
Home Address:	Personal email address:	
	Daytime tel:	
	Mobile tel:	
	Date of Birth:	
Principal place of work:	Work Email address:	
Work Address:	GDC number:	
	Speciality (as recorded on the GDC register):	
	Current College membership:	

## Summarised CV

(Alternatively, please attach a brief CV)

Qualifications

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

## Supporting statement

<p>Please outline why you are interested in the post of External Examiner and demonstrate how your skills and experience make you suitable for the role.</p>

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Declaration of interest

Are you aware of any reason why your ability to apply judgements or act as an external examiner may be considered by others to be impaired or influenced by another interest?	YES / NO
If yes, please give details below:	

Data Protection Act 2018

General Data Protection Regulation. I understand that, if I am appointed, personal information 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.
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Final declaration

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.			
<b>By submitting your application to the College, you are declaring that the information provided is correct and complete to the best of your knowledge.</b>			
Name:		Date:	

## Submitting your application

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