THE INTERCOLLEGIATE SPECIALTY FELLOWSHIP BOARDS

# PPLICATION FOR APPOINTMENT TO THE PANEL OF EXAMINERS

**Please present all details on this form and do not send in supplementary information. Completed forms should be submitted with a CV to** isfe@rcpsg.ac.uk

**Applicants who have been on the Board and/or Panel of Examiners for a period of 5 years or more cannot normally re-apply to become an examiner until 2 years after demitting.**

## PERSONAL DETAILS

|  |  |
| --- | --- |
| **Surname:****First names:****Title:****Date of birth:****Home telephone:**  | Home address**Postcode:** |

**DATE OF FIRST APPOINTMENT AS A CONSULTANT**

**WHAT IS YOUR MAIN SPECIALTY?**

**PRESENT APPOINTMENT**

|  |
| --- |
| Post: Date Commenced:**Hospital:****Address:****Postcode:****Telephone No Fax Number:****E-mail address:**  |

## WHAT IS YOUR SUB-SPECIALTY INTEREST WITHIN YOUR MAIN SPECIALTY?

|  |
| --- |
|  |

## EDUCATION

Qualifications obtained (include degrees, diplomas, and professional examinations)

|  |  |  |  |
| --- | --- | --- | --- |
| Exam/Qualifications | Year | Exam/Qualifications | Year |
|  |  |  |  |

PREVIOUS CONSULTANT/SENIOR REGISTRAR/Specialist REGISTRAR APPOINTMENTS

|  |  |  |
| --- | --- | --- |
| **Hospital** | **Position Held** | Dates |
|  |  | **From** | To |
|  |  |  |  |

MEMBERSHIP OF OTHER EXAMINATION BOARDS, EXAMINERSHIPS, EXPERIENCE AS AN EXAMINER

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

RESPONSIBILITIES FOR EDUCATION AND TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Training** | **Role** | From | To |
| **Undergraduate** |  |  |  |
| **Postgraduate** |  |  |  |
| **SHO/GPT** |  |  |  |
| **Spec Reg/FTTA** |  |  |  |

**EXPERIENCE IN MANAGEMENT AS CLINICAL DIRECTOR, LEAD CONSULTANT ETC**

**RESEARCH INTERESTS**

**THREE MOST RECENT PUBLICATIONS – please list below**

##### any further experience that may be of relevance to the post of examiner

**Please advise which of the Royal Colleges are you a fellow of:**

|  |
| --- |
|  |

**If appointed, I am prepared to undergo training and, thereafter, to serve on the Panel of Examiners for period of five years. I understand that, normally, examiners are given at least six months' notice of examination diets and I will undertake to make myself available to examine at least one diet per year.**

**I will agree to abide by the ISFE Examiner Code of Conduct.**

**I also agree to contribute to question writing for each diet. I understand that any examination material submitted by me will become the property of the Royal Colleges of the UK and in Ireland.**

**I understand the requirement for confidentiality in relation to the examination and that this extends to the examination material, conduct, delivery and results of the examination and associated board meetings .**

**While I cannot guarantee that I will not retire from dental consultant practice within the next 6 years, I confirm that I have not made definite plans to do so.**

Signed: Date:

##### PLEASE RETURN COMPLETED FORM BY EMAIL TO: -

**Secretariat to the Intercollegiate Specialty Fellowship Boards**

**The Royal College of Physicians and Surgeons of Glasgow**

**232-242 St Vincent Street**

**GLASGOW**

**G2 5RJ**

**E-mail:** isfe@rcpsg.ac.uk

**Telephone No: 0141 221 6072**

**The final decision rests with the appropriate Dental Faculty Board/Council.**

**FOR OFFICIAL USE**

|  |  |  |
| --- | --- | --- |
| **DATE RECEIVED** | **BOARD**  | **APPROVED YES/NO** |
|  |  |  |

**EQUAL OPPORTUNITIES MONITORING**

The Royal College of Physicians and Surgeons of Glasgow aims to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates.

In line with UK legislation and good practice guidelines, we are asking all applicants 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.

This information will be recorded electronically with your other data in accordance with the UK Data Protection Act 2018 and the General Data Protection Regulation, but used only for monitoring our business practices.

**Gender**

 Female

 Male

 Transgender

 Prefer not to say

**Marital Status**

 Single

 Married

 Cohabiting

 Civil partnership

 Separated/divorced

 Widowed

 Prefer not to say

**Do you consider your first language to be English?**

􀀀 Yes

􀀀 No

 Prefer not to say

**Ethnicity**

Choose one selection from the list below to indicate your ethnic group or background.

**a) White**

 English/Welsh/Scottish/Northern Irish/British

 Irish

 Gypsy or Irish Traveller

 Any other White background (write in)

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**b) Mixed / Multiple Ethnic Groups**

 White and Black Caribbean

 White and Black African

 White and Asian

 Any other mixed background (write in)

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**c) Asian or Asian British**

 Bangladeshi

 Chinese

 Indian

 Pakistani

 Any other Asian background (write in)

**d) Black or Black British**

 African

 Caribbean

 Any other Black background

1. **Other Ethnic Group**

 Arab

 Any other ethnic background (write in)

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 **Prefer not to say**

**What is your religion or belief?**

 Buddhist

 Christian

 Hindu

 Jewish

 Muslim

* Sikh
* Other religion/belief
* No religion
* Prefer not to say

**Do you have a disability** under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

 Yes

 No

 Prefer not to say

**What is your sexual orientation?**

 Bisexual

 Heterosexual

 Lesbian or Gay

 Prefer not to say