

FACULTY OF DENTAL SURGERY
THE ROYAL COLLEGE OF SURGEONS OF ENGLAND
Registered Charity No. 212808
DIPLOMA IN DENTAL PUBLIC HEALTH APPLICATION FORM

FOR OFFICE USE ONLY	COMMENTS ON APPLICATION								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Acknowledgement sent</td> <td style="width: 70%;"></td> </tr> <tr> <td style="padding: 5px;">Fee paid</td> <td></td> </tr> <tr> <td style="padding: 5px;">Eligibility confirmed</td> <td></td> </tr> <tr> <td style="padding: 5px;">ID number</td> <td></td> </tr> </table>	Acknowledgement sent		Fee paid		Eligibility confirmed		ID number		<hr/> <hr/> <hr/> <hr/>
Acknowledgement sent									
Fee paid									
Eligibility confirmed									
ID number									

Last name in full: _____ **Title:** _____
BLOCK LETTERS

Other names in full: _____
BLOCK LETTERS

Gender: Female Male Date of Birth:

Day		/		Month		/		Year	

Address: (for examination notices & results)

Post Code:

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Telephone Numbers:
Day: _____
Evening: _____
Email: _____
Mobile: _____

**FIRMLY
ATTACH
PASSPORT
PHOTO
HERE**

If you have previously entered for this or any other examination of the Faculty of Dental Surgery, The Royal College of Surgeons of England or of the Dental Faculty, The Royal College of Physicians and Surgeons of Glasgow, the date, the description of the last entry and the name of the college are to be stated here: -

SECTION I – ADMISSION

I hereby apply to be admitted to the DDPH examination commencing on:

Day		/			Month		/			Year	

I enclose the required fee as shown in the current examinations calendar

SECTION II – ACADEMIC BACKGROUND

Basic dental qualification: _____ Date: _____

Qualifying University: _____

Dental School at which degree obtained: _____ Country _____

GDC/IGDC Registration Number if applicable:

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CANDIDATES WHOSE NAMES DO NOT APPEAR IN THE CURRENT DENTISTS REGISTER (INCLUDING THOSE WITH LIMITED REGISTRATION) MUST SUBMIT THE FOLLOWING EVIDENCE (IN THE FORM OF ORIGINAL DOCUMENTATION OR CERTIFIED COPIES)

BASIC DENTAL QUALIFICATION AND DATE OF ACQUIREMENT

SECTION III – EVIDENCE OF EDUCATION AND EXPERIENCE

It is hereby certified that _____ has, subsequent to having obtained a recognised qualification in dental surgery,

- a) been engaged in the acquirement of professional knowledge for not less than one year, and has
- b) satisfactorily completed a suitable course of instruction in dental public health or public health that includes dental public health, at a recognised educational institution in the United Kingdom or elsewhere at the discretion of the College (see Section 2 of DDPH Regulations, Mandatory Training)

Or

- c) if the candidate has not completed a recognised masters course in dental public health or public health they may be required to provide proof of the duration and content of the dental component of their course or be able to demonstrate equivalent professional experience (see Appendix I of DDPH Regulations)

Certified by:

Name: _____

Signature: _____

Date: _____

Official Stamp of Educational Institution:
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SECTION IV – DECLARATION

I declare that, to the best of my knowledge, all the information given in this form is a true statement of fact.
I have read and understood the regulations

Signature of candidate Date

This application, with the entry fee, must be returned to:

Examinations Administrator
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PE

Please note: Applications received after the closing date will not be accepted. Cheques to be made payable to “The Royal College of Surgeons of England” and crossed.

A candidate withdrawing an application for admission to an examination, in writing, before the closing date for entries will be refunded the fee, **less a 20% administrative charge**.

NO REFUNDS will normally be allowed to candidates who fail to attend examinations or who withdraw after the closing date.

DATA PROTECTION:

The information you have given on this form will be held by the Examinations Department of the Royal College of Surgeons of England on a compartmented secure server in accordance with the General Data Protection Regulation (GDPR), and will be used only in connection with the purposes that you originally contacted us for. The information is kept by The Royal College of Surgeons of England and will be available to all members of staff within the same department, and will not be shared throughout the wider organisation unless instructed otherwise. Your information will be held in line with the relevant College retention schedule.

SPECIAL NEEDS:

It is the responsibility of the candidate to notify the Examinations Office of the College of any special circumstances when they submit their application.

Applications for special consideration must be supported by written evidence in the form of a medical report from their General Practitioner or their Consultant trainer or Postgraduate Dean. In certain cases, such as dyslexia, a current Dyslexia Assessment report from an educational psychologist will be required. In the case of a temporary disability due to ill health or accident which occurs after the application has been submitted, candidates must inform the Examinations Office as soon as possible **before** the examination.

Method of Payment

Payment must be made in full by cheque or credit card. For details of current examination fees, please refer to examinations calendar.

By Cheque Tick the box and enclose a cheque made payable to:
 'The Royal College of Surgeons of England'
NB please **print candidate name on back of cheque.**

By Credit / Debit Card Tick the box and fill in your Credit / Debit Card details below :

I wish to pay by: VISA/MASTERCARD/SWITCH/DELTA/SOLO
(Delete where not appropriate)

Name of candidate (BLOCK CAPITALS)

Card No:

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Start Date

	/	
--	---	--

 Expiry Date

	/	
--	---	--

Three digit security numbers: _____
(Found on the reverse of your card)

Switch Card Issue Number: Name of card holder:

Signature: Date:

Examination Date:

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 Day / Month / Year

This information will be securely disposed of by the Examinations Department

If you are paying by credit card then this form must accompany your application form which must reach the College by the closing date for applications. Failure to complete any part of this form may result in your application being returned to you.

EQUAL OPPORTUNITIES MONITORING (OPTIONAL)

As part of its Equal Opportunities policy the College will monitor admissions and examination results in relation to changes in the candidate population. Part of this monitoring process requires that we gather information on candidates' ethnic origin. This information will not be used in a negative or discriminatory manner but will be used to ensure that the examinations provide equal opportunities for all.

All such information will be held in strictest confidence. This information will not be available to anyone involved in examining you or to anyone involved in processing your results. Any use made of this data will not allow any individual to be identified.

Although we urge you to complete this form whether you do so or not is entirely voluntary. Whatever your decision it will not affect how we process your results.

Nationality:..... First language:.....

Choose one selection from the list below to indicate your cultural background.

- a) White
 - British
 - Irish
 - Any other white background, please specify _____

- b) Mixed
 - White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed background, please specify _____

- c) Asian or Asian British
 - Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background please specify _____

- d) Black or Black British
 - Caribbean
 - African
 - Any other Black background, please specify _____

- e) Chinese or other ethnic group
 - Chinese
 - Any other ethnic background, please specify _____

- f) Middle East/Arabic
 - Arabic
 - Any other Middle Eastern background, please specify _____

Please return the completed form with your application. Thank you for your co-operation.