

For Office Use Only

Candidate Examination No: _____

**INTERCOLLEGIATE SPECIALTY FELLOWSHIP EXAMINATIONS
PART A and PART B APPLICATION FORM**

Specialty: _____
(Please enter registration numbers below as applicable)

Training Number (NTN/VTN/FTN): _____

GDC Registration or Dental Council Number _____

PID Number (if known) _____

Section 1 – Personal Details (Please complete this section in block capitals)

Last Name: _____
(block capitals)

Other Name(s): _____
(block capitals)

Title: _____

Date of Birth: ____ / ____ / ____
(Day/Month/Year)

Address (block capitals): _____

Postcode: _____ **E-mail Address:** _____

Telephone: Daytime: _____ **Evening:** _____

Mobile: _____

Please note: If we need to contact you regarding your application we will do so by e-mail in the first instance

Section 2 – Examination Entry and Eligibility

I am applying for the Intercollegiate Specialty Fellowship Examination in

Dental Public Health Oral Medicine Oral Surgery

Orthodontics Paediatric Dentistry Restorative Dentistry

Part A

Part B please note you must have passed Part A before proceeding to Part B (for exceptions please see transitional arrangements on the College examinations website)

Dates of examination: _____ Examination fee of £ _____

(See College website www.rcpsg.ac.uk for dates and fees)

RESIT CANDIDATES ONLY

I am applying to resit the following examination section(s):

Part A: Critical Appraisal

Part B: Clinical Management Desktop Exercise (Dental Public Health Only)

Qualifying Degree and Postgraduate Qualifications

Note: For Part A: Orthodontics, Oral Surgery and Paediatric Dentistry, applicants must include evidence of having passed the relevant Membership examination, as per the Regulations.

Qualification	Where Obtained	Date (month/year)

Present Post:

Grade: _____ Hospital/Base: _____ Full/Part Time: _____ Hours p/w _____

Date commenced Specialist Registrar training/FTTA post (day/month/year): _____

Name and Address of Training Programme Director: _____

E-mail Address: _____

Name and Address of Postgraduate Dental Dean/Director: _____

E-mail Address: _____

Declaration to be signed and stamped by Training Programme Director or for online application please ask TPD to email us at isfe@rcpsg.ac.uk with wording below.

I confirm that _____

has successfully undertaken his/her training to date and is sufficiently prepared to take the examination they are applying for.

Name (please print): _____

Signature: _____

Official Stamp



DATA PROTECTION

All personal information held by the Examination Unit will be held in accordance with the Data Protection Act (1998 and the General Data Protection Regulation. Any data collected may be exchanged between the four Royal Surgical Colleges of the UK and Ireland but will not be released without your permission.

REASONABLE ADJUSTMENTS

Any candidate who has a physical disability, specific learning difficulty or any other condition that they believe would disadvantage them compared with other candidates in an examination, may be entitled to reasonable adjustments.

Candidates must make any reasonable adjustment request in writing by the closing date for applications and provide supporting evidence in line with the Reasonable Adjustments Policy published on the College website (www.rcpsg.ac.uk).

Candidates must notify the Secretariat of any request for a reasonable adjustment **at each examination attempt**. Candidates should not assume that previously agreed reasonable adjustments will be carried forward to a future examination.

Candidates should email their Reasonable Adjustment requirement and evidence upon submission of their application.

AFFILIATION

In accordance with the Regulations, candidates who are successful in these examinations will receive their Diploma from a College of their choice.

Queries relating to membership fees should be directed to Membership/Subscriptions at the relevant College.

Following completion of the Intercollegiate Specialty Fellowship Examination I wish to affiliate to and receive my Diploma from:

RCPS Glasgow RCS Ed RCS Eng RCSI

I have included with my application (tick box as appropriate):

Part A

Curriculum Vitae

Part A Orthodontics/Oral Surgery/Paediatric Dentistry:

Evidence of having passed the relevant membership exam

Part B

Curriculum Vitae

Evidence of having passed the Part A examination

Reasonable Adjustment Requirement

Supporting Evidence for Reasonable Adjustment

Part B Oral Surgery: To confirm eligibility, applicants are required to submit a portfolio of their surgical activity for consideration by the Board, using the standard format document published separately. **The portfolio must be submitted for consideration 6 weeks prior to the publicised closing date** for applications for the exam diet. **Confirmation of eligibility must be obtained prior to submitting an application form for an exam diet.**

IMPORTANT NOTICE TO FELLOWS AND MEMBERS IN DENTAL SURGERY

As this is an Intercollegiate examination, it is a requirement of the four Royal Surgical Colleges of Great Britain and Ireland that Fellows and Members in Dental Surgery **must** be in good standing and have maintained payment of their subscriptions with their appropriate College.

Candidates must complete this application in full and **sign the declaration below**. The Applications must then be returned along with the all relevant documentation, by the published closing date of entry via email to:

Dental Public Health	isfedph@rcpsg.ac.uk
Oral Medicine	isfeom@rcpsg.ac.uk
Oral Surgery	isfeos@rcpsg.ac.uk
Orthodontics	isfeortho@rcpsg.ac.uk
Paediatric Dentistry	isfedent@rcpsg.ac.uk
Restorative Dentistry	isferestdent@rcpsg.ac.uk

Once your application is approved you will be sent instructions on how to pay your fee online.

Queries relating to the examination can be addressed to isfe@rcpsg.ac.uk

Secretariat of the Intercollegiate Specialty Fellowship Examination Boards
Education and Assessment Unit
Royal College of Physicians and Surgeons of Glasgow
232-242 St Vincent Street
Glasgow, G2 5RJ

DECLARATION (To be signed by ALL candidates)

I have read and accept the current Regulations relating to the Intercollegiate Specialty Fellowship Examination for which I am applying.

I confirm that to the best of my knowledge all the information given on this form is a true statement of fact.

I note that, following the examination, my Training Programme Director and Postgraduate Dental Dean/Director will be notified of the result(s) of my examination

Signature of Applicant: _____ **Date:** ____ / ____ / ____
(day/month/year)

EQUAL OPPORTUNITIES MONITORING

The Royal Colleges of Surgeons of the UK and in Ireland aim 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)
-

b) Mixed / Multiple Ethnic Groups

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed background (write in)
-

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

e) Other Ethnic Group

- Arab
 - Any other ethnic background (write in)
-

- 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