

For Office Use Only

College/Person ID No: _____

Candidate Examination No: _____

**INTERCOLLEGIATE SPECIALTY FELLOWSHIP EXAMINATIONS
APPLICATION FORM**

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

Training Number (NTN/VTN/FTN): _____

GDC Registration or Dental Council Number _____

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

Last Name: _____
(block capitals)

Other Name(s): _____
(block capitals)

Title: _____ **Gender** (delete as appropriate): Male / Female **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

Dates of examination: _____ and enclose the required fee of £ _____

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

RE-SIT CANDIDATES ONLY

I am applying to re-sit the following examination section(s):

Critical Appraisal Clinical Management

Desktop Exercise (Dental Public Health Only)

Qualifying Degree and Postgraduate Qualifications

Qualification	Where Obtained	Date (month/year)

Present Post:

Grade: _____ **Hospital/Base:** _____

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

Date of award of CCST/completion of FTTA (day/month/year): _____

Please note: after passing the examination, candidates are not eligible for the award of the diploma until confirmation of award of CCST/completion of FTTA is received by the College, from the Postgraduate Dental Dean/Director.

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

If you are unable to obtain signatures on this part of the form, an email from your Training Programme Director confirming readiness to sit the examination should be submitted with your application form.

I confirm that _____
has successfully undertaken his/her training to date and is sufficiently prepared to take the examination.

Name (please print): _____

Signature: _____

Date: _____

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.

SPECIAL REQUIREMENTS

It is the responsibility of the candidate to notify the Secretariat of any special requirements 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 a letter in support of the application from their Training Programme Director or Postgraduate Dental 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 Secretariat as soon as possible **before** the examination.

AFFILIATION

In accordance with the Regulations, candidates who are successful in these examinations, and who have completed their training, 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, and on award of my CCST/completion of my post CCST training I wish to affiliate to and receive my Diploma from:

RCPS Glasgow RCS Ed RCS Eng RCSI

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.

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

Curriculum Vitae

Portfolio

(if applicable – Dental Public Health only)

Examination fee/Method of payment form

(Fee as shown on the College website at www.rcpsg.ac.uk)

Candidates must complete this application in full and **sign the declaration below**. The application form, method of payment form and all relevant documentation must then be submitted **by the published closing date of entry** to the appropriate email address:

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

General queries can be directed to isfe@rcpsg.ac.uk

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)

Examination Payment form - PLEASE COMPLETE ALL SECTIONS

Candidate Name (Block Capitals) _____

Examination _____ **Date of Examination** _____

Please indicate below your preferred method of payment (Tick as appropriate):

Bank draft Cheque Credit/debit card Bank Transfer

PAYING BY BANK DRAFT OR CHEQUE

Bank Drafts and Cheques should be made payable to the Royal College of Physicians and Surgeons of Glasgow and should be included with your original application form. Please print your name clearly on the back of the cheque.

Candidates paying by bank draft or cheque, but submitting their application form via email, must attach the draft/cheque to a copy of this payment form and send it to the address below.

Bank Draft or Cheque number: _____

PAYING BY CREDIT CARD/DEBIT CARD

Please note that candidates applying to the Royal College of Physicians and Surgeons of Glasgow should not send their credit card details with their application. Any details received will be destroyed upon receipt.

Once your application has been assessed for eligibility you will be sent details of how to make your payment.

PAYING BY BANK TRANSFER

Once your application has been assessed for eligibility you will be sent the College's bank details and given advice as to how to make your payment.

The method of payment form should be completed by all candidates and must accompany your application form to reach the College by the closing date for applications. Failure to complete any part of this form may delay the application process and may result in you being unable to sit the examination at the requested diet.

WITHDRAWALS

Any candidate withdrawing an application for admission to an examination must do so in writing. Provided a withdrawal request is received before the application closing date, a full refund of the examination fee will be issued, less an administration fee. After the application closing date, refund of the fee will not normally be made to a candidate who withdraws or fails to attend.

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)

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