

**The Royal College of Surgeons of England**

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

Examinations Unit

232-242 St Vincent Street

GLASGOW, G2 5RJ

Tel no: 0141-221-6072

E-mail: [MOrth@rcpsg.ac.uk](mailto:MOrth@rcpsg.ac.uk)

Registered charity no: SC000847

**Examination Application Form for**

**DIPLOMA OF MEMBERSHIP IN ORTHODONTICS**

**PART 2 APPLICATION FORM**

This form is to be completed and returned to the Examination Office, The Royal College of Physicians and Surgeons of Glasgow, 232-245 St Vincent Street, Glasgow, G2 5RJ not later than the published closing date for the examination. The examination fee must accompany this form.

Cheques, banker's drafts or credit card payments should be made payable to the Royal College of Physicians and Surgeons of Glasgow. (see notes on page 5 before submitting this form)

**Last Name:** \_\_\_\_\_

(block capitals)

**Other Name(s):** \_\_\_\_\_

(block capitals)

Affix 2 Passport  
Photos Here

(Please print  
name on back of  
photos)

**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

GDC/IDC Registration Number (if applicable): \_\_\_\_\_

Candidates who do not appear on the GDC/IDC register must submit either original OR attested copies of their degree certificate(s) in support of their application.

Primary Dental Qualification: \_\_\_\_\_ Date Conferred: \_\_\_/\_\_\_/\_\_\_ (day/month/year)

College to which you are applying:                      England                                            Glasgow                     

**I hereby apply to be admitted to the MOrth Part 2 examination at**

Centre: \_\_\_\_\_ Date of examination: \_\_\_\_\_ (day/month/year)

(See College websites for available centres)

and enclose the required fee of £ \_\_\_\_ . \_\_\_\_ as shown in the current examination calendar.

Have you previously applied for this examination? Yes / No

If yes, through which College? England / Glasgow Date: \_\_\_/\_\_\_/\_\_\_ (day/month/year)

Date of obtaining FDS/MFDS/equivalent: \_\_\_/\_\_\_/\_\_\_

Awarding College: \_\_\_\_\_

Candidates must provide evidence of having passed FDS /MFDS/equivalent.

Which College do you wish to affiliate to? England                       Glasgow

### DATA PROTECTION

*All personal information held by the Examination department/section will be held in accordance with the UK Data Protection Act 2018 and the General Data Protection Regulation. Any data collected may be exchanged between the Royal College of Surgeons of England and the Royal College of Physicians and Surgeons of Glasgow but will not be released without your permission.*

### DISCLAIMER

*The Colleges will not accept any responsibility if the completed examination papers go missing as a consequence of an act of nature or theft.*

### DECLARATION (To be signed by ALL candidates)

I have read the current Regulations for this examination and understand the eligibility criteria and I now confirm that to the best of my knowledge all the information given on this form is a true statement of fact.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Sections A, B or C are to be completed and signed by the Orthodontic Training Programme Director. (Candidates re-entering for the examination do not need to complete certificates A and B).

**A. Specialty Training**

I certify that \_\_\_\_\_ will have completed a recognized specialty training programme at:

**Name of centre:** \_\_\_\_\_

**Training Number:** \_\_\_\_\_

**Full time / Part time** (sessions per week): \_\_\_\_\_

**Date From:** \_\_\_/\_\_\_/\_\_\_ **Date To:** \_\_\_/\_\_\_/\_\_\_

**Name of Consultant/Tutor:** \_\_\_\_\_ (Block Capitals)

**Signature** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Please note that candidates may enter for the examination after two and a half years (or part time equivalent training)

**B. Exemptions**

**Candidates who have passed a written paper on subjects covered by the SAC syllabus as a component of that Master's Degree will be exempt from the written paper.**

**Candidates holding a Master's Degree based solely on research must take the written paper.**

I certify that \_\_\_\_\_ has passed a written paper on subjects covered by the SAV approved syllabus

**Name:** \_\_\_\_\_

**Status:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date From:** \_\_\_/\_\_\_/\_\_\_ **Date To:** \_\_\_/\_\_\_/\_\_\_

Candidates having failed the examination but passed the treated cases section will be exempt from this section for the following examination

Candidates must be able to demonstrate experience in research methodology and this will normally be illustrated by completion of the research methodology component of a recognized Master's Degree (or equivalent) awarded by a university in the United Kingdom.

Candidates not able to demonstrate research experience will be required to take an additional oral examination.

I certify that \_\_\_\_\_ has satisfactorily completed the research methodology component of a recognized Master's Degree (or equivalent).

**Name:** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

### **C. Treated Cases**

A signed statement should accompany clinical case records from the accredited supervisors confirming the candidate's substantial involvement in the treatment of the cases.

Clinical case records must be submitted to the designated examination centre by noon on the day of the written examination. The clinical case records will be available for collection by the candidate following the adjudication and candidates should note that this is their personal responsibility.

Candidates are urged to make sure they are familiar with the Regulations of the Membership Examination. Copies are available from:

- The Royal College of Physicians and Surgeons of Glasgow
- The Royal College of Surgeons of England

### **SPECIAL REQUIREMENTS**

It is the responsibility of the candidate to notify the Examinations Office of the College 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 their Consultant Trainer or Postgraduate Dean. In certain cases, such as dyslexia, a current Dyslexia Assessment report from an educational psychologist will be

## METHOD OF PAYMENT

*All sections must be completed*

Name of candidate (BLOCK CAPITALS): \_\_\_\_\_

Examination: \_\_\_\_\_ Date: \_\_\_\_\_

This payment form is for applications to the Royal College of Physicians and Surgeons of Glasgow only.

Payment must be made in full by (tick as appropriate):

Bank Draft  Cheque  Credit Card  Debit Card

### 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.

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** must not send their credit card details with their application. Any credit card details received will be destroyed upon receipt.

Once your application has been assessed for eligibility you will be sent a link via email in order to make your payment online.

**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 and The Royal College of Surgeons of England both aim to ensure fair treatment in relation to admission and assessment of examination 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)

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#### d) Black or Black British

- African
- Caribbean
- Any other Black background (write in)

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#### e) 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