

**TC White Observership Award Application**

Your membership must be in good standing to apply. Click [here](https://rcpsg.ac.uk/dentistry/join) to join and email dental@rcpsg.ac.uk with any queries.

Please use typescript or CAPITAL LETTERS when filling out this form

|  |  |  |
| --- | --- | --- |
| SECTION 1 PERSONAL DETAILS | | |
| Title (please circle): Mr / Mrs / Ms / Miss Other \_\_\_\_\_\_\_ | |  |
| Surname: | | |
| Forename(s): | | |
| Address: | | |
|  | | |
| Country: | Postcode/zip: | |
| Telephone: | Mobile phone: | |
| Email address: | GDC No. (If applicable) : | |
| RCPSG PID No. |  | |

|  |  |
| --- | --- |
| SECTION 2 APPLICATION DETAILS | |
| Relevant qualifications (please list): | Date awarded: |
| Hospital Unit/University Department for planned Observership: | |
| Head of Department for planned Observership:  Supervisor for Observership if different: | |
| Date of proposed visit: | |
| Description of proposed observation. (200 words maximum) | |

Personal reflections on the proposed benefits to you. (400 words maximum)

Reflections on the proposed benefits to your home country/workplace. (150 words maximum)

What transferable knowledge/lessons learned, would you anticipate to be able to share with the Faculty of Dental Surgery after your visit? (150 words maximum)

Please give a brief breakdown of your anticipated financial costs:

|  |
| --- |
| **Please confirm the following:**  □ Completed Dental Award Peer Reference – (See Appendix A at the end of this form)  □ Letter of visit approval from Head of Department being visited (dated within the last 12 months).  □ Tick to confirm you have looked at and meet the eligibility criteria.  **PLEASE NOTE: The Head of the Hospital or University Department that you plan to visit must support this application. If you fail to produce written support, your application will be invalidated.** |

**Closing date for applications to the Dental Faculty: 30 April. Applicants will be advised of the outcome by 31st July.**

A proportion of funds will be released to the successful applicant to help cover travel and accommodation costs. The remaining funds and receipt of the award will be granted following successful completion of the report and media presentation.

Applicants who have applied for support from other organisations will not be disqualified from consideration for the TC White Observership Award.

If your application is successful, it is expected that the award will be taken up within 2 years. In addition to providing the Observership report, to be received within a period of 6 weeks after the visit, the award winner must also provide a 5-minute multi-media presentation on the benefits of the award.

|  |  |  |
| --- | --- | --- |
|  | | |
| Declaration | | |
| □ I, the applicant named above, confirm that the details provided in this form are correct.  □ I give permission for the success of my application to be published and promoted by the College. The College reserves the right to leverage maximum publicity/press coverage from any activity funded by this award. We ask award winners to provide a photo, biography and social media links for promotion activities.  □ I do not give permission for my application, or my work, to be published.  Signature: ………………………………………………………………………………….. Date ……………………………………….…………… |

**Please return the completed application form with enclosures to:**

Dental Faculty Administrator

Royal College of Physicians and Surgeons of Glasgow

232 - 242 St Vincent Street, Glasgow, G2 5RJ

Tel: +44 (0)141 221 6072 Fax: +44(0)141 221 1804

e-mail: **dental@rcpsg.ac.uk**

All Information concerning you as an individual will be held and processed by the College strictly in accordance with the provisions of the General Data Protection Regulation (GDPR)(Regulation (EU) 2016/679). Such data will be used by the College to administer its relationship with you as a Fellow or Member. We will not, without your consent, supply your name and address to any third party except where (1) such transfer is a necessary part of the activities that we undertake, including the provision of library services (if applicable) or (2) we are required to do so by operation of law. As an individual you have a right under the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) to obtain information from us, including a description of the data that we hold on you. Should you have any enquiries about this right please email membership@rcpsg.ac.uk

Appendix A

**Dental Awards Supervisor/Peer Reference Form**

Please use typescript or CAPITAL LETTERS when filling out this form

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1 PERSONAL DETAILS OF REFEREE** | | | |
| **Title (please circle): Mr / Mrs / Ms / Miss**  **Other** \_\_\_\_\_\_\_ | **PID(if relevant):** | |  |
| **Surname:** | | | |
| **Forename(s):** | | | |
| **Type of reference (please indicate): Supervisor for project: Yes/No Peer reference only: Yes/No** | | | |
| **SECTION 2 WHO IS THE REFERENCE FOR** | | | |
| **Title (please circle): Mr / Mrs / Ms / Miss**  **Other** \_\_\_\_\_\_\_ | | **PID(if known):** | |
| **Surname:** | | **Award applied for:** | |
| **Forename(s):** | | | |

|  |
| --- |
| **SECTION 3 REFERENCE** |
|  |
| **How long have you known this individual and in what capacity?** |
| **What is your opinion on the worthiness of this project and the perceived gains it will bring?** |
| **In your opinion would this individual be capable of completing this project to a *very high* standard? (explain your response)** |

**Please describe any concerns you have or factors you are aware of that might limit the ability to successfully complete this project:**