**I am applying for one year Certificate course (10th September 2021 - June 2022)** [ ]

**I am applying for two year Diploma course (23rd September 2022 - 8th September 2023)** [ ]

**Please enclose the following documentation:**

* A current, updated Curriculum Vitae giving evidence of your experience, clinical training and practice environment to date.
* A record of your CPD including confirmation of any post graduate qualification obtained.
* A Statement of Personal Interest detailing your reasons for applying to the course; this should be no more than one side of A4.
* Contact details for two referees.

Please complete all pages in BLOCK CAPITALS and tick boxes as appropriate

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| --- | --- | --- |
| Title: (Mr/Mr/Miss/Ms/Dr)  | Surname:  | Forename(s):  |
| Gender (M/F):   | GDC Number:   | FGDP(UK) Membership Number:   |
| **CONTACT INFORMATION** |
| Mobile tel:  |  |
| E-mail address:  |  |
| House name / number:  |  |
| Street name: |  |
| Town: |  |
| County: |  |
| Postcode: |  |
| Country: |  |
| Date of qualification day/month/year: |  |
| **FURTHER POSTGRADUATE QUALIFICATIONS** |
| Please provide details of the following; |

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| **DEGREE/DIPLOMA** | **YEAR** | **AWARDING AUTHORITY** |
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| **WORK EXPERIENCE** |
| Hospital posts held; |
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| Practice Experience |
|  |
| Practice experience, e.g. associate/principle or assistant: | NHS (%)       Private (%)       |
| Please describe your practice in no more than 50 words. |
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| **EXERIENCE OF RESTORATIVE AND PROSTHODONTIC PROCEEDURES** |
| Please tick where applicable  |
| **Fixed Restorations** | **Regularly** | **Occasionally** | **Never/rarely** |
| Crown |  |  |  |
| Post crowns |  |  |  |
| Short span bridge |  |  |  |
| Full mouth rehabilitation |  |  |  |
| Implant Restoration |  |  |  |
| **Surgical procedures** | **Regularly** | **Occasionally** | **Never/rarely** |
| Partial dentures: acrylic/chrome-cobalt |  |  |  |
| Full dentures |  |  |  |
| Over dentures |  |  |  |

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| **MISCELLANEOUS** |
| Where did you hear about the course? |
| [ ]  Newspaper/Publication | *Please specify*       |
| [ ]  Website/Internet | *Please specify*       |
| [ ]  Word of Mouth |   |
| **REFERENCES** |
| All applicants must provide two professional references whom the FGDP(UK) may approach if required |
| **Referee 1:** | **Referee 2:** |
| Name:  | Name:  |
| Address:  | Address:  |
| Postcode:  | Postcode:  |
| Office hours tel.:  | Office hours tel.:  |
| Email:  | Email:  |
| Relationship:  | Relationship:  |
| **DISABILITY DISCLOSURE** |
| Whenever possible we wish to ensure that appropriate adjustments are made for applicants who disclose a disability. If you identify as disabled under the *Disability Discrimination Act 1995* then please inform us of both your condition and of any adjustments which you may require. |
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| **DIETARY REQUIREMENTS** |
| Please detail any specific dietary requirements |
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| **STUDENT DECLARATION** |
| In the event of my withdrawing from the course more than four weeks prior to the start of the programme, I understand that a cancellation charge of 10% of the application fee and first instalment will be charged. I understand that after this time, the application fee and 1st instalment will be non-refundable.I understand that £500 registration fee will be deducted at the time of application. This will be adjusted with the full course fees. If I am not successful with this application, the registration fees will be refunded in full. If I withdraw my application from the course within 7 days of original payment, the registration fees will be refunded else it will not be refunded.I understand that participants are expected to pay the application fee and first instalment prior to the first day of the course.I understand that any refund issued will incur an administration charge of £50 or 10% of the total, whichever is lower.I understand that applications will be considered on the basis of clinical experience, qualifications, and general merit; however, places on the course are limited and the College of Genera Dentistry (UK) cannot guarantee a place to all suitable applicants.This course is taught entirely in English. I understand that it is my responsibility to ensure my proficiency in English meets the guidelines for a Postgraduate training program at IELTS level 7, further details can be found here: <https://ielts.britishcouncil.org/> |
| Signature:  | Date:  |
| **£500 registration fees can be paid via BACS or card payments. To pay via card please email** **contact@cgdent.uk****, all BACS payments should be paid at** ***Metro Bank, 1 Southampton Row, Holborn, London. WC1B 5HA.*** ***Account Name: College of General Dentistry Sort Code: 230580 Account Number: 26075424*****DATA PROTECTION ACT****The information you have given on this form will be held by the College of General Dentistry (UK) 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 College of General Dentistry (UK) and will be available to members of staff within the same department, and will not be shared throughout the wider organisation without permission.****For the purpose of processing this registration, the information on this form will be held by FGDP (UK) and CGDent until the transfer of FGDP (UK) to CGDent has successfully taken place on the 1st July 2021. Do you agree to your data being held by both organisations for limited time? Yes/No****We would like to keep you informed of other events and activities that may be of interest to you, please tick this box if you would like to receive these mailings.**  [ ] **Applications will be considered on the basis of clinical experience, qualifications and general merit. However, the number of places on the programme is limited.** **Therefore the College of General Dentistry (UK) cannot guarantee that every suitably qualified applicant will be admitted.** **Places on College of General Dentistry courses are decided using a points based system and take into consideration a participant’s: application, CV and Personal Statement. A panel will convene to review all applications shortly after the application deadline and you will be informed of their decision by email.** |

In line with UK legislation and good practice guidelines, we request that everyone completes 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.

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| **Name:**  | **Ethnicity***Choose one selection from the list below to indicate your cultural background:***a)** **White**:[ ]  British[ ]  Irish[ ]  Any other White background**b) Mixed**[ ]  White and Black Caribbean[ ]  White and Black African[ ]  White and Asian[ ]  Any other mixed background**c) Asian or Asian British**[ ]  Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Any other Asian background**d) Black or Black British**[ ]  Caribbean[ ]  African[ ]  Any other Black background**e) Chinese or other ethnic group**[ ]  Chinese[ ]  Any other backgroundIndicate a more specific category here:ARAB AFRICAN |
| **Gender:**  |
| **Nationality:**  |
| **1st Language:**  |
| Do you have a disability *under the terms of the Disability Discrimination Act 1995 (a person with a physical or mental impairment that affects you ability to carry out normal day to day activities which are substantial, adverse and long term)?*[ ]  Yes[ ]  No |
| **What is your sexual orientation?**[ ]  Bisexual [ ]  Heterosexual[ ]  Lesbian or Gay |
| **What is your religion or belief?**[ ]  Buddhist[ ]  Christian[ ]  Hindu[ ]  Jewish[ ]  Muslim[ ]  Sikh[ ]  Other religion/beliefIndicate a more specific category here: |

The information that you have provided will be handled in accordance with the General Data Protection Regulation (GDPR), and will be ***used only for monitoring our business practices. It will*** not be used for any other purpose, unless consent has been received for other uses