

# Overseas Registration Exam

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## Application form (including guidance notes)

For dentists holding dental degrees from outside the UK and EEA

This application form and accompanying documents should be sent to the following address:

Exams team  
General Dental Council  
44 Baker Street  
London W1U 7AL

## Checklist

Please follow the checklist below and make sure you have completed all relevant sections of the form and enclosed copies of all appropriate documents.

**Please read the guidance for applicants and referees on pages 17–22**

- Section 1: Your details**
- Section 2: Your contact details**
- Section 3: Primary qualification**
- Section 4: Supporting documents**
- Section 5: Declaration**
- Section 6: Character reference**
- Section 7: Clinical experience reference**
- Section 8: Equality monitoring form**
- ✓ **Guidance for applicants and referees**
- ✓ **Exam rules**

Please put a tick below against the documents that you are supplying with your application. **Remember, all copies must be certified. Please do not send your original passport. If any documents are not supplied your application will be returned to you.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Application form   | <input type="checkbox"/> Character reference | <input type="checkbox"/> Clinical experience reference(s)     |
| <input type="checkbox"/> Certified copy of passport<br>(must also include signature page) | <input type="checkbox"/> One passport photo  | <input type="checkbox"/> Original NARIC statement/certificate |
| <input type="checkbox"/> Original Certificate of Good Standing                            |  | <input type="checkbox"/> Certified copy of degree certificate |
| <input type="checkbox"/> Original translation of documents (if applicable)                |  | <input type="checkbox"/> Medical certificate (if applicable)  |
| <input type="checkbox"/> Evidence of name change (if applicable)                          |  |   |
| <input type="checkbox"/> Original academic IELTS test report form                         |  |   |

**OR**

- After reading section 4.8 of the application guidance, I confirm I am exempt from submitting an IELTS test report form, and I enclose the following supporting evidence:
  - Copy of marriage certificate
  - Copy of spouse's passport
  - An original signed and dated letter from your spouse stating that he/she is moving to work or reside in the UK and that you are joining them
  - Any other evidence verifying exempt person status

**PLEASE WRITE IN BLOCK CAPITALS**

**Section 1: Your details**

Title (please tick)  Mr  Mrs  Miss  Ms

Given or first name(s)

Family name or surname

Former name (if applicable)

Gender  Male  Female

Date of birth

Your nationality

Nationality of spouse (if applicable)

If you or your spouse/family member is a European national (but not a UK national) you may be eligible to apply for registration by another route. For more information, please visit our website: [www.gdc-uk.org](http://www.gdc-uk.org)

**Section 2: Your contact details**

Address

Town/city

County/state

Post/zip code

Country

We use email to send out notification of exam dates, results and updates. To make sure we are able to process your application promptly, you must provide a contact email address and telephone numbers.

**Please inform the exams team immediately in writing if any of your contact details change.**

Email address

Work telephone number (include STD code)

Home telephone number (include STD code)

Mobile telephone number

**Section 3: Primary dental qualification**

University/college	<input type="text"/>
Country of qualification	<input type="text"/>
Title of qualification	<input type="text"/>
Awarding body	<input type="text"/>
Year started	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year completed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year degree awarded	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Section 4: Supporting documents**

In order to process your application we need certified copies of the following documents. Please refer to the guidance notes on page 18 for a list of people who can certify documents.

**i) Certified documents** (see guidance note 4.1, page 18)

**A copy of your primary dental degree certificate** (a provisional degree certificate will not be accepted)

**A copy of your passport** (this must show your name, photo, date of birth and signature and must be **signed and dated on each page** by the person certifying the copy of the passport)

**Passport photograph** (if the photo is not a true likeness to that on your passport, it needs to be certified on the back by a professional e.g. your referee, or verified by a GDC registrant)

**Marriage certificate** (a marriage certificate or other relevant legal documentation must be provided if your name on any of your supporting documents is different to the name in which you are applying)

**ii) Original documentation**

The following documentation must be originals. We will return these documents to you once your application has been processed.

**NARIC Statement or Certificate of Comparability**

You must provide a statement or certificate of comparability from NARIC along with your degree certificate. Details can be found on the NARIC website <http://ecctis.co.uk/naric>.

**Medical certificate** (if applicable)

You must attach supporting medical evidence if you have a medical condition that requires adjustment(s) during the exams. Please note the GDC may request an updated medical certificate up to five weeks before you take the exam.

**Certificate of Good Standing**

This must be issued by the dental authority in the country where you qualified, as well as from the country in which you last worked (if different). This must be no more than three months old when received by the GDC.

**IELTS test report form**

An original, single academic IELTS test report form showing a minimum overall score of 7.0, with no individual sections lower than 6.5.

OR

I am exempt from submitting an academic IELTS test report form due to being a national of the EEA or a person entitled to be treated no less favourably than an EEA national, and I enclose the appropriate documentation as evidence.

**Section 5: Declaration**

I declare that the information provided in this form is correct. I hereby consent to the GDC contacting my clinical and character referees for further information if required. **I have read the GDC exam rules and regulations and Student Fitness to Practise document and confirm that I understand them and will abide by them.** I understand that making an application on the basis of false or fraudulent information, may result in my application being refused and may result in other action being taken against me (including fitness to practise proceedings).

If you have not supplied a medical certificate with this application, please specify in the space below any adjustments arising from additional needs that you may require during an exam. It remains your responsibility to notify the exams team of any subsequent additional needs or changes to those declared below that may arise. You must do this at least five weeks before an exam sitting. The exam centres cannot guarantee any adjustment but will consider it and advise you accordingly.

Signature

Date

Your signature must match that on your passport. You must sign the form **before** requesting a character reference.

**Section 6: Character reference**

**Your referee must be:**

- A GDC registrant or medical practitioner who is registered in the United Kingdom and has known the applicant for at least one year and is not a relative; OR
- A person of similar professional standing such as a doctor, dentist or a lawyer from the applicant's own country who has known the applicant for at least 12 months and is not a relative.

Please refer to the guidance on page 21 when completing this form. Please write IN BLOCK CAPITALS.

Full name of applicant

Title of referee (please tick)  Mr  Mrs  Miss  Ms  Dr  Other.....

Full name of referee

Position held

GDC/GMC registration number (if appropriate)

Address

Town/city

Post/Zip code

Email address (mandatory – required for verification)

**Declaration**

I certify that I am not a relative of the applicant, that I have known them for at least 12 months, that they are the person they declare themselves to be and are of good character. The information I have provided is complete, true and correct.

Signature

Date

**Section 7: Clinical experience reference – first reference**

Please give this to referee(s) who can verify your clinical experience. You may need to give a copy to more than one person in order to demonstrate that you have met the 1,600 hour requirement. There are three forms in this pack, and you can print more copies from our website.

**First reference**

Please refer to the guidance on page 21 when completing this form. Please write IN BLOCK CAPITALS.

Full name of applicant

Title of referee (please tick)  Mr  Mrs  Miss  Ms  Dr  Other.....

Given or first name(s)

Family name or surname

GDC registration number (if appropriate)

Position held

Organisation/university

Department/unit

Address

Town/city

Post/Zip code

Country

Work telephone number (including STD code)

Email address (mandatory – required for verification)





**Please describe the clinical experience undertaken by the applicant including the exact number of hours that they personally treated patients in the dental chair.**

Please note that the number of hours of clinical experience **must be** hours the applicant has spent undertaking investigations and administering dental treatment. It **must not include** time observing other dentists or assisting other dentists/dental students in undertaking diagnosis/treatment planning or provision of treatment.

If necessary, please continue on a separate sheet of paper and attach it to this form, indicating that you are referring to the clinical experience requirement.

Number of clinical hours completed

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**The information I have provided is complete, true and correct.**

Name

Signature

Date

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**Section 7: Clinical experience – second reference**

If your first referee was unable to verify the required 1,600 hour requirement, please give this form to a second referee for the outstanding hours. A third form is included if you need to pass to a third referee to fulfil the requirement.

**Second reference**

Please refer to the guidance when completing this form. Please write IN BLOCK CAPITALS.

Full name of applicant

Title of referee (please tick)  Mr  Mrs  Miss  Ms  Dr  Other.....

Given or first name(s)

Family name or surname

GDC registration number (if appropriate)

Position held

Organisation/university

Department/unit

Address

Town/City

Post/Zip code

Country

Work telephone number (including STD code)

Email address (mandatory – required for verification)



**Please describe the clinical experience undertaken by the applicant including the exact number of hours that they personally treated patients in the dental chair.**

Please note that the number of hours of clinical experience **must be** hours the applicant has spent undertaking investigations and administering dental treatment. It **must not include** time observing other dentists or assisting other dentists/dental students in undertaking diagnosis/treatment planning or provision of treatment.

If necessary, please continue on a separate sheet of paper and attach it to this form, indicating that you are referring to the clinical experience requirement.

Number of clinical hours completed

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**The information I have provided is complete, true and correct.**

Name

Signature

Date

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**Section 7: Clinical experience – third reference**

If your first and second referees were unable to verify the required 1,600 hour requirement, please pass this form to a third referee for the outstanding hours. You can download more forms from our website if you need to pass to another referee to fulfil the requirement.

**Third reference**

Please refer to the guidance when completing this form. Please write IN BLOCK CAPITALS.

Full name of applicant

Title of referee (please tick)  Mr  Mrs  Miss  Ms  Dr  Other.....

Given or first name(s)

Family name or surname

GDC registration number (if appropriate)

Position held

Organisation/university

Department/unit

Address

Town/City

County/State

Post/Zip code

Country

Work telephone number (including STD code)

Email address (mandatory – required for verification)



**Please describe the clinical experience undertaken by the applicant including the exact number of hours that they personally treated patients in the dental chair.**

Please note that the number of hours of clinical experience **must be** hours the applicant has spent undertaking investigations and administering dental treatment. It **must not include** time observing other dentists or assisting other dentists/dental students in undertaking diagnosis/treatment planning or provision of treatment.

If necessary, please continue on a separate sheet of paper and attach it to this form, indicating that you are referring to the clinical experience requirement.

Number of clinical hours completed

**The information I have provided is complete, true and correct.**

Name

Signature

Date

**Equality monitoring form (completion is voluntary)**

The GDC is committed to promoting and developing equality and diversity in all our work. We want to be sure that our policies and ways of working are fair and do not discriminate against individuals or groups. To help us to monitor the effectiveness of our policies and practices we ask you to complete the monitoring form. This information will be treated in the strictest confidence under the Data Protection Act 1998 and will be used to produce statistics to enable the GDC to look at the diversity profile of our staff, registrants and others with whom we work. Through this we can check a variety of processes to ensure equality and address issues as they arise.

**AGE**

- 16–21     22–30     31–40     41–50     51–60     61–65     over 65     Prefer not to say

**DISABILITY** Do you consider yourself to have a disability?

- Yes     No     Prefer not to say

(The Equality Act 2010 defines disability as a physical or mental impairment which has substantial long-term effect on a person’s ability to carry out normal day to day activities.)

**RACE**

**White**

- British  
 Irish  
 Any other White background (please specify)  
 .....

**Black or Black British**

- African  
 Caribbean  
 Any other Black background (please specify)  
 .....

**Asian or Asian British**

- Bangladeshi  
 Indian  
 Pakistani  
 Any other Asian background (please specify)  
 .....

**Mixed Ethnic Background**

- White and Asian  
 White and Black African  
 White and Black Caribbean  
 White and Chinese  
 Any other mixed ethnic background (please specify)  
 .....

**Chinese or any other ethnic group**

- Chinese     Prefer not to say  
 Any other ethnic background (please specify) .....

**SEX**

- Female     Male     Prefer not to say

**GENDER IDENTITY** – is your gender identity the same as the gender you were assigned at birth?

- Yes     No     Prefer not to say

**RELIGION/BELIEF**

- Buddhist     Christian     Hindu     None  
 Jewish     Muslim     Sikh     Prefer not to say  
 Other religion/faith (please specify) .....

**SEXUAL ORIENTATION**

- Bisexual     Gay man     Gay woman     Heterosexual     Prefer not to say

**MARITAL STATUS**

- Civil partnership     Divorced     Married     Separated     Single     Widowed     Prefer not to say

**THANK YOU FOR YOUR COOPERATION**



## Guidance for applicants and referees

Please read this guidance carefully before completing your application form and use the checklist to make sure you have completed all sections and submitted all the supporting documents. Your application will not be processed and it will be returned if there are documents missing or your application is incomplete.

You should complete the entire form in block capital letters.

We expect candidates to be academically and financially ready to sit an examination as soon as they send in their application.

Candidates are allowed up to four attempts at each part of the ORE and will need to pass part 2 within five years of first sitting Part 1.

If you have any queries after reading these guidance notes please email the exams team, [examinations@gdc-uk.org](mailto:examinations@gdc-uk.org).

### Section 1: Your details

#### 1.1 Title

You may not use Doctor (Dr) unless you hold a doctorate in addition to your primary dental qualification.

#### 1.2 Given or first name

Please provide your full given or first name and middle names exactly as they appear on your passport and degree certificate.

#### 1.3 Family name or surname

Enter your full family or surname exactly as it appears on your passport and degree certificate. This is the name you will be registered under for the ORE so it is essential it is recorded correctly.

If you have changed your name by marriage or Deed Poll you must provide evidence of this change with your application in the form of the original certificate, affidavit or other statutory evidence.

#### 1.4 Nationality

We have asked for you and your spouse's nationality so that we can check whether you are exempt from any application requirements.

You should check whether you are eligible for registration through any other route on our website: [www.gdc-uk.org](http://www.gdc-uk.org)

### Section 2: Your contact details

#### 2.1 Address

The address you provide will be used to contact you if we need to return incomplete forms or documents. If your address changes you must notify us by email, or by sending in a signed and dated letter with your new address clearly marked with your name and GDC reference number.

#### 2.2 Email address

You must have an email address that you can access frequently as we use email as our main form of communication for exam announcements, reference checking and results.

**Please notify us immediately if your address, email or telephone number changes.**

### **2.3 Telephone numbers**

All telephone numbers should be given in full with STD codes as we may need to contact you by telephone regarding your application or exam place.

### **Section 3: Primary qualification**

You must state here which institution you received your original primary qualification from, the country of qualification and the title of your primary dental qualification e.g. BDS, University of Health Sciences, Lahore, India.

### **Section 4: Supporting documents**

You must enclose an original IELTS certificate, original Certificates of Good Standing and an original NARIC statement/certificate of comparability. You may supply copies of all other documentation as long as these documents have been certified by someone named in guidance note 4.1.

Your full name (including any middle names) and date of birth should match on all of your supporting documentation unless you have provided evidence of a change of name. If the name on any of your supporting documents does not match, for example your middle name does not appear on your degree certificate; you must obtain an affidavit confirming that you are the person stated on the document.

**4.1** All photocopied documents must be certified. We can only accept certified copies if all the following criteria apply:

- The documents are legible;
- The copy is taken from the original document (we cannot accept copies of photocopies or faxes);
- The person certifying confirms (in English) by signing and dating the document that it is a true copy of the original;
- The person certifying is either a Notary Public, Commissioner of Oaths, Justice of the Peace or another person entitled to practise law, or an authorised officer of an embassy or consulate;
- The name, signature and address of the person certifying is shown on the copy;
- The person certifying is not a relative of yours.

The applicant cannot certify documents themselves.

We do not accept photocopied documents verified by a GDC registrant.

#### **4.2 Your primary dental degree certificate**

Please send us a certified copy of the original certificate. If your name on the certificate does not match your passport please provide an affidavit to confirm that you are the holder of the degree.

A provisional certificate or certificate of graduation will not be accepted in place of a final degree certificate or diploma.

#### **4.3 NARIC Statement or Certificate of Comparability**

You must provide a statement or certificate of comparability from NARIC along with your degree certificate. Details can be found on the NARIC website <http://ecctis.co.uk/naric>.

We may ask for additional information to verify the authenticity of your degree certificate.

#### 4.4 Passport

Please send us a certified copy of your current, valid passport. It must:

- Be legible;
- Show a clear photograph;
- State expiry date of your passport;
- Indicate your date of birth; and
- Clearly show your signature.

#### 4.5 Passport photo

You must supply us with a recent passport size photo. If the photograph is not a true likeness to that on your passport, it will need to be certified on the back by a professional (e.g. your referee).

#### 4.6 Variations in your name

If the name in which you are applying for the ORE differs from that on any of the other documents you are sending, you must provide evidence of the legality of your name change, e.g. a marriage certificate. In this instance please send us a certified copy of the original. Alternatively, please provide an affidavit confirmed by a solicitor, detailing the variations of your name on your documents and that they all relate to you.

#### 4.7 Medical certificate

You must attach supporting medical evidence if you have a condition that requires adjustment(s) during the exams. Please note the GDC may request an updated medical certificate up to five weeks before you take the exam.

If you have not supplied a medical certificate with this application, please tell us about any adjustments arising from additional needs that you may require during an exam. It is your responsibility to tell the exams team of any additional needs or changes that may arise. You must do this at least five weeks before an exam sitting. The exam centres cannot guarantee any adjustment but will consider it and advise you accordingly.

#### 4.8 Language test

You are required to submit a single stamped Academic Original IELTS Test Report Form. We cannot accept copies. The test report must:

- Show a minimum overall score of 7.0, with no individual sections lower than 6.5; and
- Be no more than **two** years old when you submit your application.

If you are an exempt person you are exempt from language testing. There are different ways an applicant may qualify as an exempt person. These are:

- 1) Nationals of EEA states (other than UK nationals) and Swiss nationals;
- 2) UK nationals with enforceable community rights by virtue of having resided in another relevant European state as a worker, self-employed person, student or self-sufficient person or (in the case of an EEA state) pursuant to the three month right to reside under Directive 2004/38/EC;

- 3) Those who are not nationals of an EEA state or Switzerland and who are:
- a) the spouse/civil partner registered under the law of an EEA state of:
    - i) a non-UK EEA national in the UK as a worker, self-employed person, or self-sufficient person, or pursuant to the three month right to reside under Directive 2004/38/EC;
    - ii) a UK national having resided in another relevant European state as a worker, self-employed person, or self-sufficient person, or (in the case of an EEA state) pursuant to the three month right to reside under Directive 2004/38/EC.
  - b) the descendant aged under 21 years, dependent descendant or dependent relative in the ascending line of an EEA national as defined in (a) (i)-(ii) above, or of their spouse or civil partner or the extended family member of such a person having been given the right to reside in the UK;
  - c) the spouse, civil partner of an EEA national in the UK as a student for more than three months or a UK national having studied for more than three months in another relevant European State, or the dependent child of such an EEA or UK national or their spouse or partner;
  - d) a person previously falling into one of the categories in a)–c) above who has retained their Community rights following the death or departure of the EEA national from the UK or following divorce, annulment of marriage or termination of the civil partnership, under the conditions described in Articles 12–13 of Directive 2004/38/EC;
  - e) the spouse, child under 21 or dependent child of a Swiss national in the UK as an employed worker, self-employed person, a student or self-sufficient person.

If you are not required to provide a language test, it is your responsibility to make sure you have the linguistic competence to sit the ORE.

#### **4.9 Certificate or Letter of Good Standing**

This is a certificate or letter issued by the dental authority of the country in which you last worked which states that you are legally entitled to practise dentistry in that country and that you have not been suspended, disqualified or prohibited from working as a dentist.

You must also send us a Certificate or Letter of Good Standing from the dental authority in the country in which you qualified if this is different to the country in which you last worked or are currently working.

This document must be:

- An original certificate or letter on letter headed/watermarked paper;
- No more than three months from the date of issue at the time of your application.

If you cannot obtain this document due to the regulations of the dental authority in the country in which you qualified, you must provide a letter from that dental authority which explains why a Certificate or Letter of Good Standing cannot be provided. In addition you must provide an affidavit or affirmation witnessed by a solicitor or other legal professional, confirming that you are of good standing. This will be considered on a case by case basis.

If you cannot obtain this document due to your refugee status, you will also need to provide an affidavit or affirmation witnessed by a solicitor or other legal professional confirming that you are of good standing. This is only acceptable if it is not possible to obtain a Certificate or Letter of Good Standing and will be considered on a case by case basis.

You must be prepared to swear under oath in the affidavit/affirmation that you cannot obtain the Certificate or Letter of Good Standing despite having tried to. In the affidavit/affirmation you must state that you have the right to practise dentistry in the relevant country and that you have not been suspended or prohibited from practising as a dentist. Reasons for being unable to obtain a Letter or Certificate of Good Standing must be included. We may also seek confirmation from the relevant authority.

A registration certificate or an annual practising certificate or a reference from your university will not be accepted in place of a Certificate or Letter of Good Standing.

#### **4.10 Translations**

Any required documents which are not in English must be accompanied by an exact translation. You must send us a certified copy of the original document and the certified translation. The translation must either be:

- A certified translation by a qualified translator; or
- For degree certificates and diplomas, an official translation by the relevant university with the official stamp of the university and the signature and name of the Dean.

The General Dental Council will not refund any fees for translation.

### **Section 5: Declaration**

**5.1** Please ensure that all your details are correctly and accurately completed before you sign and date your application.

- Please complete the Checklist included at the front of the application form confirming the documents that you are submitting.
- Please do not submit a form which is dated more than three months ago.
- We will return your documents once we have processed your application. The address you supply must be one where you can receive these documents.

### **Section 6: Character reference**

**6.1** Your character referee must sign the form **after** you have signed and completed sections 1–4.

**6.2** The date the referee signs must not be earlier than the date you have signed.

**6.3** The referee must be a registered professional and must not be a relative.

### **Section 7: Clinical experience reference**

**7.1** You must provide one or more references, dated no longer than three months ago, to demonstrate you have completed at least 1,600 hours of clinical experience prior to applying for the ORE.

**7.2** You may need to submit more than one clinical reference in order to satisfy the 1,600 hours requirement. We have provided three forms, and you may print as many additional copies of section 7 as you need from our website in order to send each referee a separate copy. If one reference satisfies the 1,600 hours requirement we do not need additional references.

**7.3** Your referees must complete this section of the application form to verify that you have this experience, providing details of your clinical experience. They may continue on additional sheets if necessary.

**7.4** If you are submitting evidence from your primary dental qualification as evidence of prior clinical experience, the Dean of the dental school or your professor/tutor acting on behalf of the Dean must be the referee. Please ensure that the Dean's office stamps the form in all cases.

**7.5** If you are submitting evidence from post-qualification work experience, the person verifying the reference must be, or have been, registered as a professional with the regulatory body in the country where you worked or studied and must be, or have been, your employer.

**7.6** If you are submitting evidence gained in the UK under temporary registration, the form must be completed by the supervising consultant(s) responsible for supervising your direction(s).

**7.7** If you are unable to submit evidence of your clinical experience because you are a refugee or asylum seeker, please contact us to discuss alternative methods of verification.

### **Section 8: Equality monitoring form**

An equality monitoring form is enclosed. The information you provide will help us ensure our policies and procedures do not discriminate.

Completion of this form is optional. The information given on this form will play no part in the decision-making process of your application.

## Exam rules

### Late arrivals at the exam

Candidates who arrive late will not be admitted to that section of the exam. Candidates will be allowed to take any later sections of part 2; however marks will not be provided for these sections. This will count as one of the four attempts allowed.

### Cheating and misconduct

Any of the following examples of misconduct will result in the candidate failing the exam and may impact on GDC registration should the candidate subsequently pass the ORE:

- introduction of unauthorised material into the exam room, for example: notes, textbooks or study guides, personal organisers, calculators, dictionaries, personal stereos, concealed mobile phones or other similar electronic devices;
- obtaining, receiving, exchanging or passing on information which could be exam-related (or the attempt to) during the exam by means of talking, written papers/notes, by telephone or by recording oral exams;
- attempting to solicit information about the exam from candidates from an earlier time slot;
- copying from another candidate;
- collusion;
- disruptive behaviour in the exam room (including using offensive language);
- failing to abide by the conditions of supervision designed to maintain the security of the exams;
- failing to abide by the instructions or advice of an examiner, academic lead or administrator in relation to the exam rules and regulations;
- impersonation: pretending to be someone else, arranging for a third party to take the candidate's place in an exam;
- the inclusion of inappropriate, offensive or obscene material in answers;
- misuse of exam material, e.g. by passing or attempting to pass such material to a third party after the exam;
- bribing or attempting to bribe an exam official;
- the alteration of any results document;
- behaving in such a way as to undermine the integrity of the exam.
- contacting or attempting to contact internal or external examiners before or after the exam for any reason.
- making spurious complaints that are a deliberate attempt to unfairly gain advantage.

### Mobile telephones

It is accepted that for reasons of personal safety, including emergency contact with friends and family, candidates cannot be forced to leave mobile telephones behind when attending on the day of the exam. However, we reserve the right to ask candidates to switch off their telephones and place them in a clear plastic bag and ensure that this is on display at all times, or to leave the telephone in designated secure storage at the place of the exam and for the duration of the exam only. Candidates found with concealed mobile telephones or other electronic devices during the exam will fail the exam and this may impact on GDC registration should the candidate subsequently pass the ORE.

**Illness**

- Candidates who are unwell should speak immediately with the GDC external examiner. They will write a detailed note of all the information given to him and send this to the exams team as soon as possible.
- Candidates who are unwell must make a professional decision as to their fitness to continue with the exam. You should be clear as to the consequences of your decision. All candidates should read and understand the policy regarding illness before the exam. This can be found on our website.
- If you are not fit to continue with the exam you will keep the results you have earned up to that point. This means that candidates who have passed all the sections of the exam up to the point of departure will be entitled to sit the exam again for free once an acceptable original medical certificate has been received by the exams team. Candidates who have already failed before they leave the exam will still have failed the exam and the results will not be changed retrospectively on production of a medical certificate.
- Candidates who decide that they are fit to continue with the exam will not have their results changed retrospectively on production of a medical certificate.