

**For Office Use Only**

College/Person ID No: \_\_\_\_\_ Candidate Examination No: \_\_\_\_\_

**EXAMINATION APPLICATION FORM  
MFDS PART 1**

**The Royal College of Surgeons of Edinburgh**  
Examinations Section  
The Adamson Centre  
3 Hill Place  
EDINBURGH, EH8 9DS  
Tel no: 0131-527-1600  
Fax no: 0131-668-9231  
E-mail: [mfds.exams@rcsed.ac.uk](mailto:mfds.exams@rcsed.ac.uk)  
Registered charity no: SC028302

**The Royal College of Physicians and Surgeons of Glasgow**  
Examinations Unit  
232-242 St Vincent Street  
GLASGOW, G2 5RJ  
Tel no: 0141-221-6072  
Fax no: 0141-241-6222  
E-mail: [mfds@rcpsg.ac.uk](mailto:mfds@rcpsg.ac.uk)  
Registered charity no: SC000847

**Section 1 – Personal Details**

**Last Name:** \_\_\_\_\_  
(block capitals)

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

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

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ (Day/Month/Year)

Affix 2 Passport  
Photos Here

(Please print  
name on back  
of photos)

**You must state your name exactly as it appears on your degree certificate. Any candidate whose name has been changed must submit original or attested copies of documentary proof of this (e.g. marriage certificate) if they wish to be admitted to the examination in their new name.**

**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**

**IMPORTANT NOTES**

- a) Failure to complete any part of this application form or submit the required documentation may delay the application process and may result in you being unable to sit the examination at the requested diet.
- b) Copies of letters and certificates will be accepted only if they have been verified as a true copy. Attested copies must bear an original signature and official stamp (e.g. hospital stamp, public notary stamp). Official English translations from a translation agency will be required for stamps or certificates that are not in English.
- c) **Applications received after the closing date will not be accepted.**

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Fee: CC  DC  Cheque  Draft  Cash  Payment Cleared \_\_\_/\_\_\_/\_\_\_

Eligible Yes / No      Originals Returned  Acknowledgement Sent

## **Section 2 – Examination Entry and Eligibility**

College to which you are applying:

Edinburgh

Glasgow

**I hereby apply to be admitted to the MFDS Part 1 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? Edinburgh / Glasgow Date:** \_\_\_/\_\_\_/\_\_\_\_(day/month/year)

**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)

**Qualifying University:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Dental School at which degree obtained:** \_\_\_\_\_

### **DATA PROTECTION**

*All personal information held by the Examination department/section will be held in accordance with the Data Protection Act (1998). Any data collected may be exchanged between the Royal College of Surgeons of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow but will not be released without your permission.*

### **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 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 Examinations Office as soon as possible **before** the examination.

**Candidates must complete this application in full and sign the declaration below. The application must then be returned along with the examination fee and all relevant documentation, to the College through which you wish to sit the examination. Completed applications must be received by the published closing date of entry.** Addresses for both Colleges are supplied on the front of this form.

**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 to the College through which he/she applied.** Provided such a withdrawal 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.

**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.

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

Two passport sized photographs

Attested\* copy of primary dental qualification (if name does not appear on GDC/IDC Register)

Examination fee

Method of payment form   
(Fee as shown on the College websites: [www.rcpsg.ac.uk](http://www.rcpsg.ac.uk) and [www.rcsed.ac.uk](http://www.rcsed.ac.uk))

\*Copies of letters and certificates will be accepted only if they have been verified as a true copy. Attested copies must bear an original signature and official stamp (e.g. hospital stamp, public notary stamp). Official English translations from a translation agency will be required for stamps or certificates that are not in English.

**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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(day/month/year)



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

Examination Payment form - PLEASE COMPLETE ALL SECTIONS

**Candidate Name (Block Capitals)**

\_\_\_\_\_

Examination \_\_\_\_\_ Date of Examination \_\_\_\_\_

Payment method (please tick one box only)

Bank Draft  Cheque  Credit Card  Debit Card

**Bank Draft/Cheques:** Bank drafts or cheques should be in pounds sterling and made payable to 'The Royal College of Physicians and Surgeons of Glasgow'.

**Credit/Debit Card**

Card Type Visa  MasterCard  Maestro  Delta  JCB  Visa Debit

Name of Cardholder as it appears on credit/debit card	
Billing Address of Cardholder	
E-mail Address of Cardholder	
Telephone Number of Cardholder	
Signature of Cardholder	

Card Number

Security Code  (last 3 numbers on signature strip)

Start Date (mm/yy)  Expiry Date (mm/yy)

Issue Number

Amount to be debited from Card: \_\_\_\_\_ (GBP)

Please see important information on the following page.

**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 Edinburgh 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 would like to monitor our statistics and ensure that we are not discriminating in any way. Information will only be used to monitor our administrative practices, carry out statistical analysis and ensure we provide equality of opportunity to all. The information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, however, any use made of this data will not allow individuals to be identified.

Although we urge you to complete this form, completion is entirely voluntary. Whatever your decision is, it will not affect how we process your results.

### Gender

Female   
 Male

Nationality \_\_\_\_\_

First 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 your 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/belief

Indicate more specific category here:

\_\_\_\_\_

### Ethnicity

**White**  
 British   
 Irish   
 Other white background

**Mixed**  
 White and Black Caribbean   
 White and Black African   
 White and Asian   
 Other mixed background

**Asian or Asian British**  
 Indian   
 Pakistani   
 Bangladeshi   
 Other Asian background

**Black or Black British**  
 Caribbean   
 African   
 Other Black background

**Middle East/Arabic**  
 Arabic   
 Other Middle Eastern background

**Chinese or other ethnic group**  
 Chinese   
 Any other background

Indicate more specific category here:

\_\_\_\_\_