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| **TRI-COLLEGIATE SPECIALTY MEMBERSHIP EXAMINATIONS**APPLICATION FOR APPOINTMENT TO THE PANEL OF EXAMINERS FOR THETRI-COLLEGIATE DIPLOMA OF MEMBERSHIP IN ORAL SURGERY (M ORAL SURGERY)/TRI-COLLEGIATE DIPLOMA OF MEMBERSHIP IN PAEDIATRIC DENTISTRY (M PAED DENT)/TRI-COLLEGIATE DIPLOMA OF MEMBERSHIP IN SPECIAL CARE DENTISTRY (M SPEC CARE DENT)  |



APPOINTMENT OF EXAMINERS – APPLICATION FORM

PLEASE COMPLETE THE FORM ELECTRONICALLY AND RETURN TO

THE EMAIL ADDRESS AT THE BOTTOM OF THE FORM

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| **PERSONAL DETAILS** |
|  | **Home address:** |
| **Surname:** |  |
| **First names:** |  |
| **Title:** |  |
| **Date of birth:** |  |
| **Home telephone:** |  |
| **Email address:** | **Post code:** |

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| **PLEASE SELECT WHICH EXAMINER PANEL YOU ARE APPLYING TO** |  |
| **Membership in Oral Surgery** | **Membership in Paediatric Surgery** | **Membership in Special Care Dentistry** |

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| **PROFESSIONAL DETAILS** |
|  | **Specialist list(s) or overseas equivalent:** |
| **GDC Registration Number:** |  |
| **Fellow/Member of which College (delete as applicable)** |  |
| **The Royal College of Surgeons of Edinburgh** |  |
| **The Royal College of Surgeons of England** |  |
| **The Royal College of Physicians and Surgeons of Glasgow** |  |
| **College Roll Number:** |  |
| **Date of Election to College(s):** |  |

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| **PRESENT APPOINTMENT** |
| **Post:** | **Address:** |
| **Date commenced:** |  |
| **Hospital/Clinic:** |  |
| **Telephone number:** |  |
| **Email address:** | **Post code:** |

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| **MAIN SPECIALTY AND SUB-SPECIALTY INTERESTS** |
| **Main Specialty:** | **Sub-specialty:** |

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| **PREVIOUS APPOINTMENTS** | **Dates** |
| **Location** | **Position Held** | **To** | **From** |
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| **EDUCATION** |
| **Qualifications obtained (include degrees, diplomas, and professional examinations)** |
| **Exam/Qualifications (include awarding body)** | **Year** |
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|  **POSTGRADUATE TEACHING EXPERIENCE** |
| **Please list your experience within the last 3 years** | **Dates** |
| **Location** | **Position Held** | **To** | **From** |
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| **EXAMINING AND ASSESSING EXPERIENCE** |
| **Please include Membership of other examination boards and responsibilities for education and training** |
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| **GENERAL EXPERIENCE** |
| **Please give details of further experience that may be of relevance to the post of examiner e.g. courses undertaken and other postgraduate examination experience** |
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| **PUBLICATIONS** |
| **Please list your three most recent publications (if applicable)** |
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| **DATA PROTECTION** |
| All personal information held by the Examination Section will be held in accordance with the Data Protection Act 2018 and The General Data Protection Regulation (GDPR). Any data collected may be exchanged between the Royal College of Surgeons of Edinburgh, 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. |

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| **DECLARATION** |
| I understand that the procedure of appointment is by submission to the Tri-Collegiate Exam Examination Board. Subject to the acceptance by the Board, my name will be forwarded to the Tri-Collegiate Specialty Membership Examination Executive (TSMEE) for approval. If appointed, I am prepared to serve on the Panel of Examiners and agree to examine in accordance with the details in the specification for the post. I confirm that I am:* In active clinical or teaching practice
* Not under any disciplinary investigation
* In good standing with the College
* Completing CPD requirements
* Prepared to undergo training
* Prepared to serve on the Panel of Examiners for a minimum period of five years
* Prepared to provide questions and other examination material when requested

 Signed: Date:**PLEASE ENSURE THAT SIGNATURES ARE IN INK OR ELECTRONIC. ANY FORM WITHOUT A SIGNATURE OR WITH A TYPED SIGNATURE CANNOT BE CONSIDERED.** |

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| **CHECKLIST** |
|  Before sending in your application form please ensure that you have included the following: Fully completed and **signed** form Two completed and signed referee forms – Please note that it is your responsibility to contact the referees who may either return the forms to you for submission with your application or forward these direct to the address below. |

# PLEASE RETURN COMPLETED FORM TO: TSMEE.Secretariat@rcsed.ac.uk