

**ROYAL COLLEGE OF SURGEONS IN IRELAND
FACULTY OF DENTISTRY**

**FELLOWSHIP IN GENERAL DENTAL SURGERY
EXAMINATION APPLICATION FORM**

FOR OFFICE USE ONLY	-----
Acknowledgement sent	
Fees paid	
MFD/S certificate verified	
MGDSRCSI certificate verified	
Completion of approved training verified	

Surname of Candidate _____ **Title:** _____
(in block letters)

Other names in full (in _____ **Nationality** _____
block letters)

Address (for _____
examination notices) _____

Telephone No _____ **Mobile No** _____

E mail: _____ **Fax No** _____

I hereby apply to be admitted to the FGDSRCSI Examination

Candidate's Signature _____

Date _____

2 signed passport photos attached to entries.

Qualifications in dentistry, dates and awarding bodies:

Does your name appear in the Irish or British Dental Register _____

Dental Council in Ireland Registration No: _____

General Dental Council Registration No: _____

Date and College for passing MFD/MFDS _____

Date for passing MGDSRCSI _____

Please give details of date(s), candidate number(s) and qualification(s) you have previously entered for in respect of any examination(s) taken in this College:

- Please attach evidence of satisfactory completion of approved training in accordance with the FGDSRCSI regulations (e.g. accreditation of prior learning by the Faculty’s Education Committee and/or satisfactory completion of the training programme pre-approved by the Education Committee)
- Candidates whose names do not appear in the current register of dentists held by the Dental Council in Ireland with the relevant registrable qualifications must also submit the following evidence (original document or certified copies):
 - A) Basic Dental Qualification and the date of the award

B) MFD/S Qualification and the date of the award [unless MGDSRCSI has been held for more than 7 years on the date of entry to this examination]

C) MGDSRCSI Qualification and the date of the award

- Candidates will refer to the examinations regulations regarding the submission of supporting materials for the examination.

General Notice:

The fully completed application form and the entry fee must be returned no later than the closing date for applications. Applications received after the closing date will be returned.

Euro Bank Draft for the examination fees to be made payable to the Royal College of Surgeons in Ireland and crossed.

A candidate withdrawing an application for admission to an examination, in writing, provided that such a withdrawal is received before the final date on which the applications are due, will be refunded the examination fee less an administration charge.

NO REFUNDS will be allowed to candidates who fail to attend examinations or who withdraw after the closing date.

DECLARATIONS

(To be signed by the candidate ON THIS FORM)

I declare to the best of my knowledge that all the information given on this form is a true statement of fact.

Candidate's signature: _____

Date: _____

Applications should be sent to:

Faculty of Dentistry, Royal College of Surgeons in Ireland, 123 St. Stephen's Green Dublin 2, Ireland

Tel: 353-1-4022239

Fax 353-1-4022125

Email: facdentistry@rcsi.ie