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**Application Form for the Faculty of Dental Trainers**

**Please refer to the guidance documentation and submit all your details on this form, which should be completed electronically and in no smaller than size 9 point font. Only evidence that is specific to dental education and training should be included and this should be listed and/or presented as a succinct summary. No more than two A4 pages may be used to complete each of the three domains and evidence should not be duplicated between the domains and areas. The headings within the box for each domain are for guidance and not all domains or the headings within them require to be completed.**

**Do not send in supplementary information.**

**Please retain all supportive documentation in respect of this application. The College reserves the right to request submission of this or additional evidence should further clarification be required to assist in the adjudication process.**

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| **Level Applying for: Please tick** | |  | |
| **Associate:**  **Submission requirements:**   * **Application form** * **Letter of support**   **N.B. Applicants for Associate should not complete the boxes for domains 1, 2 & 3.** | **Member:**  **Submission requirements:**   * **Application form** | | **Fellow:**  **Submission requirements:**   * **Application form** * **Two structured references supportive of the development and impact of the contribution to education/training made by the applicant** |

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| **PERSONAL DETAILS** | |
| **Surname:**  **First names:**  **Title:**  **Job title:**  **GDC (or equivalent) registration number:**  **Date of birth:**  **Gender:**    **Are you a Member/Fellow/Associate of the RCSEd or the RCSEd Faculty of Dental Surgery? If yes please provide details:** | **Correspondence address:**  **Post code:**  **Contact telephone number:**  **Email address:** |

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| **PRESENT APPOINTMENT** | |
| **Post:**  **Date commenced:**  **Hospital/clinic:** | **Address:**  **Post code:** |

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| **DOMAIN 1: TEACHING AND TRAINING ACTIVITIES (Please summarise your teaching and training experience using the bullet point headings below)** |
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| * **Clinical supervision** * **Training the trainers course or equivalent** * **Examinerships** * **Awards in teaching and training** * **Delivery of education courses** * **Involvement in workplace-based assessment and feedback** |

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| **DOMAIN 2: EDUCATIONAL LEADERSHIP ACIVITIES (Please summarise your educational leadership experience using the bullet point headings below)** |
| * **Educational Supervisor** |
| * **Educational course leader/co-ordinator** |
| * **Training Programme Director** |
| * **Curriculum development** |
| * **Development of educational material** |
| * **Senior role in Dental Education** |
| * **Contribution to relevant education boards** |

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| **DOMAIN 3: PUBLICATION, RESEARCH, SCHOLARSHIP ACTIVITIES**  **Please only include qualifications, publications and presentations directly related to dental education/training. Books/chapters/articles in general textbooks should not be included in this domain.**  **Research articles that are not about teaching & training must not be submitted as evidence.**  **(Please summarise your experience using the bullet point headings below)** |
| * **Higher educational qualification - Certificate/Diploma/Fellow of Higher Education Academy** |
| * **Higher educational qualification - Master/PhD** |
| * **Education/training publications in peer review journals** |
| * **Presentations in education/training** |
| * **Supervision of educational research for paper/higher degree** * **Contributions to educational/training policy documents** |

**I confirm that I am: Please circle**

* **in active clinical or teaching practice Yes**
* **in good professional standing Yes**

**By signing below you agree that the information provided on the application form is correct, that you have read the guidance for applicants, and that you agree to the terms in both these documents.**

**PLEASE ENSURE THAT SIGNATURES ARE INK OR ELECTRONIC. ANY FORM WITHOUT A SIGNATURE OR WITH A TYPED SIGNATURE WILL NOT BE ACCEPTED.**

Signed: Date:

Before sending in your application form, please ensure that you have included the following:

* + Completed and **signed** application form
  + Letter of support (for Associate Level only)
  + **Two** completed and **signed** referee forms (if applying for the level of Fellow)

##### PLEASE RETURN COMPLETED FORM TO: -

**fdt@rcsed.ac.uk**

**Faculty of Dental Trainers**

**Royal College of Surgeons of Edinburgh**