**Reference in support of application** **for Fellowship of FDT**

**Referee’s Details**

|  |  |
| --- | --- |
| **First names** |  |
| **Last name** |  |
| **Address** |  |
| **Phone number** |  |
| **Email address** |  |
| **Job title** |  |
| **Organisation (including department if applicable)** |  |

I attach a reference in support of the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that this information is, to the best of my belief, correct.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

Please send your reference together with this completed form to –

Faculty of Dental Trainers, Royal College of Surgeons of Edinburgh, Nicholson Street, Edinburgh, EH8 9DW

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