



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW



Royal College  
of Surgeons  
of England  
ADVANCING SURGICAL CARE

### Application Form for

### BI-COLLEGIATE DIPLOMA OF MEMBERSHIP EXAMINATION IN ORTHODONTICS (M Orth)

This form is to be completed and returned to [morth@rcpsg.ac.uk](mailto:morth@rcpsg.ac.uk) no later than 5PM on the published closing date for the examination. **WE DO NOT ACCEPT LATE APPLICATIONS.**

Surname: ..... Title: .....

Block Capitals

Other Names: .....

Block Capitals

Male / Female (*delete as required*)

Date of Birth: ..... / ..... / .....

Address: .....

.....

.....

Post Code: ..... Tel. No: .....

Mobile No: ..... Email: .....

PLEASE INCLUDE  
PASSPORT PHOTO

Date of Examination for which candidate wishes to appear:

Date: ...../...../.....

Have you previously sat this examination (MOrth Part 2) YES/NO  
before:

Date: ...../...../.....

Which College do you wish to affiliate to: (*delete as appropriate*)

Glasgow

England

*If you have previously entered for this exam or any other examination of the Faculty of Dental Surgery, The Royal Colleges of Surgeons of England, The Royal College of Physicians and Surgeons of Glasgow please note the date, the examination and the name of the college here:*

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### EXEMPTIONS

Candidates who have successfully completed the MOrth Part A with RCS Edinburgh are exempt from sitting the short answer questions component (Written section) of MOrth Part 2.

If you are exempt, please indicate the date on which you passed the MOrth Part A **and include documentary evidence with this application. If this is not supplied, you will be required to sit the written section.**

Date of M Orth Part A pass:.....



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### ACADEMIC RECORD

Primary Dental Qualification: .....

Date Conferred: ...../...../.....

University / Dental College: ..... Country of

Qualification: .....

Clinical School if different from above: .....

GDC Registration No. (if applicable): ..... Date: ...../...../..... Limited / Provisional / Full

**Candidates must provide an attested copy of their Primary Dental Qualification with their application**

Date of obtaining FDS / MFDS / MFD / or equivalent (*delete as appropriate*): ..... Date: ...../...../.....

Awarding College: .....

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### PROOF OF ELIGIBILITY

**(PLEASE NOTE, THIS MUST BE FILLED IN UPON APPLICATION, IF NOT – YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND YOU WILL BE INELIGIBLE)**

It is hereby certified that .....

Training Number (if available) .....

Subsequent to having obtained a recognised qualification in dental surgery, has spent **at least three years** in a SAC approved training programme in Orthodontics or university-based training programme.

Signature ..... Hospital .....

*Of Postgraduate Dean / Training Programme Director (official stamp)*

Name ..... Date ...../...../.....

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### TREATED CASES

RCPSG Staff will be expected **3** clinical cases. A signed statement should accompany clinical case records from the accredited supervisors confirming the candidate's substantial involvement in the treatment of the cases.

Clinical case records must be submitted electronically by the date confirmed by RCPSG Staff. **This will be confirmed once payment has been taken and candidates will receive written instructions of what exactly to submit by the closing date. This date will not be extended; candidates are usually expected to submit cases 2 weeks before the examination date.**

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### DECLARATION (To be signed by ALL candidates)

**I have read the current Regulations of the examination and understand the eligibility criterion 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: ...../...../.....



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### IMPORTANT NOTICE

This application, must be returned to [morth@rcpsg.ac.uk](mailto:morth@rcpsg.ac.uk). **Candidates will be contacted after their application has been reviewed to confirm they are eligible to sit and to take payment.**

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### PRIVACY NOTICE

The information you have given on this form will be held by the Examinations Department of the Royal College of Physicians and Surgeons of Glasgow on a compartmented secure server in accordance with the General Data Protection Regulation (GDPR), and will be used only in connection with the purposes that you originally contacted us for. The information is kept by The Royal College of Physicians and Surgeons of Glasgow and will be available to all members of staff within the same department, and will not be shared throughout the wider organisation unless instructed otherwise. Any data collected may be exchanged between the RCS England and RCPS Glasgow and will not be released elsewhere without your permission but may be used to verify qualifications and to prevent fraudulent activity. Your information will be held in line with the relevant College retention schedule.

### SPECIAL NEEDS:

**It is the responsibility of the candidate to notify the Examinations Office of the College of any special circumstances 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 education 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.**

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### EQUAL OPPORTUNITIES MONITORING (OPTIONAL):

As part of its Equal Opportunities policy the College will monitor admissions and examination results in relation to changes in the candidate population. Part of this monitoring process requires that we gather information on candidates' ethnic origin. This information will not be used in a negative or discriminatory manner but will be used to ensure that the examinations provide equal opportunities for all.

All such information will be held in strictest confidence. This information will not be available to anyone involved in examining you or to anyone involved in processing your results. Any use made of this data will not allow any individual to be identified. Although we urge you to complete this form whether or not you do so is entirely voluntary. Whatever your decision it will not affect how we process your results.

Nationality: ..... First language: .....

**Choose one selection from the list below to indicate your cultural background.**

White

British

Irish

Any other white background, please specify .....

Mixed

White and Black Caribbean

White and Black African White

and Asian

Any other mixed background, please specify .....

Asian or Asian British

Indian Pakistani

Bangladeshi

Any other Asian background, please specify .....

Black or Black British

Caribbean African



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Any other Black background, please specify .....

Chinese or other ethnic group

Chinese

Any other ethnic group, please specify .....

Middle Eastern / Arabic

Arabic

Any other Middle Eastern background, please specify .....