



MJDF PART 1 APPLICATION FORM

Title:	Last name:	Other names:	Date of Birth:
Address, including postcode: (FOR EXAMINATION NOTIFICATION)			
Address, including postcode: (WORK, IF DIFFERENT)			
Home telephone no:		If you have special needs owing to a disability or specific learning difficulty, please give details. Please enclose a copy of relevant report* / supporting evidence with the application form: <i>N.B. We only accept educational psychologist reports completed at age 20 or over. Complete guidance available at:</i> www.rcseng.ac.uk/exams/exams-guidance	
Work telephone no:			
Mobile telephone no:			
Email address:			
GDC number:			
If non UK-registered, please provide details of regulatory authority and registration number:			

If you have previously entered for any part of MJDF, MFGDP(UK) or MFDS, please give the date and description of previous entries:



Degree(s) or qualification(s), with dates and name of awarding authority:

Degree/Diploma	Year	Awarding authority

If you hold a permanent (current) GDC registration number it is not necessary for you to submit your dental degree or registration documents.

Candidates whose names do not appear in the current UK dentists register (General Dental Council) and are not in the must submit evidence (in the form of original documentation or certified copies*) of the following:

- a) Your primary dental qualification, together with the date of acquisition. The qualification you hold is referred to on the following website <http://avicenna.ku.dk/database/medicine/>.
- b) Registration document

*Copies of letters and certificates will only be accepted if they have been verified as a true copy. Attested copies must bear an original signature and official stamp (e.g. hospital stamp, public notary stamp). Official English translations from a translation agency will be required for stamps or certificates that are not in English.

All candidates entering for the examination must support their application with the following declaration:

I hereby apply to be admitted to the MJDF Part 1 examination, commencing on:

Date of application **Date of examination**.....

Venue

I have read and understood this examination’s regulations and understand the eligibility criterion. I now confirm that to the best of my knowledge all the information on this form is a true statement of fact.

Signature of candidate **Date**

(The following declaration is optional)

I authorise the MJDF Examinations Department to share my results and contact data with divisional representatives in order to provide me with information and services in support of my examination progress and further professional development.

Signature of candidate **Date**

The information given on this form will be held in accordance with the Data Protection Act 1998.

A candidate withdrawing an application for admission to an examination in writing will be refunded the full fee (minus an administration charge), provided that such withdrawal is received before the closing date of the examination.

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



PAYMENT FORM

Please charge £_____ to my Visa Debit/Visa/MasterCard (delete as appropriate)

Card number:

Expiry date: / Issue no: Start date: / Security code:

Alternatively, please enclose a cheque, payable to "The Royal College of Surgeons of England".

MJDF Part 1 application form checklist:

Is your application complete? Please make sure that you have included the following:

- GDC number (If you hold a permanent (current) GDC registration number it is not necessary for you to submit your dental degree or registration documents)
- If you are non UK-registered, details of regulatory body and registration number, plus the original or certified copies of your dental degree and registration document. Copies of letters and certificates will only be accepted if they have been verified as a true copy. Attested copies must bear an original signature and official stamp (e.g. hospital stamp, public notary stamp). Official English translations from a translation agency will be required for stamps or certificates that are not in English.
- Completed payment form with cheque or credit card details for the Part 1 fee of £522
- Permanent correct address and telephone number
- Signed and dated declarations
- Completed equal opportunities monitoring form (optional)

Important information - please read in full:

- a) Failure to complete any part of this application form or submit the required documentation may delay the application process and may result in you being unable to sit the examination at the requested diet (period of formal examination).
- b) Applications received after the closing date will not be accepted.
- c) The MJDF Examinations Department will endeavour to accommodate all applications for an examination diet received prior to a closing date. However, we reserve the right to carry over applications to a future diet if exceptionally high numbers are received. If a diet is oversubscribed places will be allocated in order of receipt of application.
- d) The functions of the MJDF examinations department are separate from those in charge of administering visas. Therefore, the MJDF examinations department is unable to offer advice on visas. Candidates are responsible for ensuring that they are permitted to be in the UK to take the exam that they are booked on to. If you make payment for an exam and then are unable to obtain a visa, you will not be refunded your fees. It is your responsibility to ensure that you can obtain a visa before you make payment for an exam.

Please return your completed form to:

MJDF Examinations Department
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PE

For Office Use Only	
Fee	<input type="text"/> <input type="text"/> <input type="text"/>
Acknowl. Sent	<input type="text"/> <input type="text"/> <input type="text"/>
Qualification Evidence	<input type="text"/>

EQUAL OPPORTUNITIES MONITORING – MJDF PART 1

The Royal College of Surgeons of England aims to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates.

In line with UK legislation and good practice guidelines, we are asking all applicants to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practices.

Gender

- Female
- Male
- Transgender
- Prefer not to say

Ethnicity

Choose one selection from the list below to indicate your ethnic group or background.

a) White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background (write in)

b) Mixed / Multiple Ethnic Groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (write in)

c) Asian or Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background (write in)

d) Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean / Black British (write in)

f) Other Ethnic Group

- Arab
- Any other ethnic background (write in)

- Prefer not to say

Do you consider your first language to be English?

- Yes
- No
- Prefer not to say

Do you have a disability under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

- Yes
- No
- Prefer not to say

What is your sexual orientation?

- Bisexual
- Heterosexual
- Lesbian or Gay
- Prefer not to say

Marital Status

- Single
- Married
- Cohabiting
- Civil partnership
- Separated/divorced
- Widowed
- Prefer not to say

What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion/belief
- No religion
- Prefer not to say