

Conjoint Examination

**Membership in Paediatric
Dentistry**

**The Royal College of Surgeons
of Edinburgh**

**FCDSHK Intermediate
Examination in the Specialty
of Paediatric Dentistry**

**The College of Dental Surgeons
of Hong Kong**

Last name of candidate (BLOCK letters) _____

Other names in full (BLOCK letters) _____

Date of birth _____ Sex : M/F

Full postal address (*for examination notice*)

Contact phone no () _____

Facsimile no () _____ E-mail address _____

Hong Kong Dental Council Registration No.: _____

I wish to enter for Conjoint Examination on 27 September 2011 (Written) and from 31 October to 2 November 2011.

Date _____ Signature _____

Please submit
two passport size
photographs
with this application

(Attach one photograph
here)

1 Please state your degrees or qualifications and where obtained (with dates)

2 If you hold a surgical or dental Fellowship of a Surgical College, please state title and date

Additional Diplomas _____

3 Have you ever submit an application for the Membership in Paediatric Dentistry of the Royal College of Surgeons of Edinburgh?
YES/NO*

4 If you have passed Part 1/Primary Fellowship in Surgery or Dental Surgery, please give details:

Date _____ Examination _____

Name of College _____

5 If you have passed any part of a Diploma (i.e. Diploma or Diploma of Membership) in Paediatric Dentistry of one of the Surgical Colleges, please give details below:

Date _____ Examination _____ Part passed _____

Name of College _____

PLEASE NOTE: NO APPLICATION FORMS OR DOCUMENT /CERTIFICATES WILL BE ACCEPTED BY FAX.

REQUIREMENTS FOR TRAINING

Candidates applying for the Conjoint Examination must have passed, or have exemption from Part I of the Membership in Paediatric Dentistry RCSEd Examination. Award of the Membership in Paediatric Dentistry RCSEd is dependant on evidence that the candidate will have completed a period of three years full time (or part time equivalent) in appropriate approved posts, courses and programmes of training. Candidates may, however, enter themselves for examination after two and a half years (or part time equivalent). The training should preferably be continuous but in some cases breaks in training may be permitted. The total training period should not normally exceed six years.

TO BE COMPLETED BY CANDIDATE

Extracts from the Membership in

Paed Dent RCS Edin Regulations

Three years full time (or part time equivalent) in appropriate approved posts, courses & programme of training.

Details of Employment

(i) Institute Stamp

.....

Title of Post

From To

Signature of Consultant/Authorised Officer*

.....

(ii) Institute Stamp

.....

Title of Post

From To

Signature of Consultant/Authorised Officer*

.....

(iii) Institute Stamp

.....

Title of Post

From To

Signature of Consultant/Authorised Officer*

.....

* Delete as appropriate

▪ Candidates who are unable to have the above certificates signed may produce signed documentation of the posts they have held. They must, however, enter on this form the appropriate experience which they offer.

IMPORTANT NOTICE

1. Please return the **application** together with **cheque** made payable to “**The College of Dental Surgeons of Hong Kong**” for the amount of **\$16,600**, being the examination fee this year, to *Executive Secretary, The College of Dental Surgeons of Hong Kong, Room 902, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong*, **not later than 8 July, 2011.**
2. Candidates withdrawing from the examination must do so in writing. The whole entrance fee may be returned, less 20% administration charges, or transferred to the next diet of the examination where written notice is received by the College prior to the closing date for receipt of applications. Half of the entrance fee may be returned or transferred to the next diet of the examination where written notice is received not less than 21 days before the commencement of the examination. After that date no refund or transfer of entrance fees will normally be made to candidates who withdraw from the examination or fail to attend for any reason whatsoever. No allowance will be made for postal or other delays.
3. No change can be made after the dates for the clinical and oral examinations have been allocated.
4. Candidates are requested to enclose with their application **two passport photographs** and **one envelope (23cm x 10cm) bearing their name and address**. The envelope is for the postage of the examination notice.
5. The personal data provided will be used by The College of Dental Surgeons of Hong Kong and The Royal College of Surgeons of Edinburgh for the following purpose:
 - a. Proof of eligibility and conduction of examination
 - b. Record of examination results and contact of candidates
 - c. For preparing statistics



Membership in Paediatric Dentistry RCSEd and FCDSHK Intermediate Examination in the Specialty of Paediatric Dentistry

- I enclose a cheque (cheque/banker's draft no.: _____) for **HK\$16,600** being the examination fee for Membership in Paediatric Dentistry RCSEd and FCDSHK Intermediate Examination in the Specialty of Paediatric Dentistry.

Name (BLOCK letters)

No receipt will be issued unless requested.