

General Dental Council

Overseas Registration Examination Advisory Group

External Examiners

Application Form

Please note that your application will be considered purely on the basis of a fully completed application form. CVs should not be submitted and will not be considered in any circumstances.

Please complete this form electronically. Hand written forms will not be considered.

Your completed form should be sent by email to Alex Edmondson (aedmondson@gdc-uk.org) by **5pm on Friday 17th November 2017**. Applications received after this date will not be considered.

Personal details

Title: Forenames: Surname:

Contact Address:

E-mail:

Daytime Telephone:

Mobile:

GDC Registration Number:

Do you expect to be able to commit 6 working days or more per year to attending examinations? External examiners will be asked on which dates they are available for examinations and a timetable is established accordingly.

Yes/No (delete as applicable)

Reason for application

Please describe the reasons why you would like to become an external examiner for the Overseas Registration Examination. Max 200 words

Qualifications

Please list any post-secondary school, professional or other qualifications you hold and any other relevant training you have undertaken. (Continue on another sheet if necessary)

Name of awarding body	Dates (from and to)	Subject	Qualification

Career history including voluntary work

Please give a brief overview of your career history, starting with the most recent. Include any voluntary work, Public Appointments, and other positions of responsibility that you consider relevant. (Continue on another sheet if necessary)

Job title/role	Organisation	Dates (from and to)	Main responsibilities

Relevant experience

The following section asks you about your past experience and achievements in work and other settings. The questions ask you to provide examples of where you have demonstrated skills and abilities relevant to this role.

Your responses to these questions will be used to evaluate your application, so take time to think about your responses and choose examples which best illustrate each quality listed.

For each of the questions where you are required to provide an example, please include:

- a brief, but clear, description of the situation
- what *you* did in the situation
- what the outcome was

Please give more than one example for each question if you wish, but try to use different examples for each question. The examples you choose can be from any setting (work, education, home life, voluntary activities, etc.), but work-related ones may be more helpful.

Please limit your responses to 150 words per question.

Dental Undergraduate Examining Please give details of experience in dental undergraduate examining in the past 5 years.

Briefly describe how you use Preparing for Practice in your working life.

Briefly describe how you use contemporary evidence-based assessment methods in your working life.

Briefly describe how you have used standard setting, blueprinting and calibration in your working life.

Communication You will need to be clear when communicating with the GDC's Exam Team, Chief External Examiners and the Internal Examiners of the supplier institutions. Please provide an example of when you have demonstrated strong communication skills.

Organisational skills You will be expected to be able to have good organisational skills, with an ability to prioritise, and be reliable, and able to meet deadlines. Please provide an example of when you have had to use these skills.

Working as part of a team Describe how you work effectively within a team and how you help to resolve conflict.

Commitment to values As an external examiner you will be expected to uphold GDC values. Please provide an example of when you have either championed equality or celebrated diversity in a similar role.

Is there anything in your private or professional working life, past or present, that may call into question your integrity, independence or suitability as a member of the GDC Overseas Registration Exam if it became known in the event of your appointment?

Yes No

If yes, please give details:

Are you, or have you ever been, subject to the disciplinary process of any professional body or your employer or an NHS body?

Yes No

If yes, please give details including the outcome and the dates:

Conflict of interest

Please disclose any other information about your private/professional life that you consider relevant to an assessment of your suitability for this appointment, including anything that may be considered a conflict of interest.

Is there anything else you would like us to know? Please give details:

Reference

References will be sought prior to appointment. Please provide details of two referees. At least one of these should be a person who knows you in a work context. One of your referees should be someone who has known you in a professional capacity for at least 3 years.

Title

Title

Address

Address

Postcode

Postcode

Tel

Tel

Fax

Fax

Email

Email

How many years has this person known you?

How many years has this person known you?

In what capacity?

In what capacity?

Declaration

I confirm that to the best of my knowledge, the details provided above are correct and complete.

I understand that it may be a criminal offence to obtain office by deception and that any misrepresentation, deception or omission of a material fact will be cause for immediate cancellation of consideration for appointment, or for dismissal, if already appointed.

If I am successful I confirm that I am available to take up this post and will make time available to discharge my duties accordingly.

Signature:

Date:

Thank you for completing this form.

Your application should be emailed to: aedmondson@gdc-uk.org by **5pm on Friday 17th November 2017**.

External Monitoring Form - About You

It is important to us to know whether we are supporting or providing services fairly to all groups of people. These questions are intended to help us to find out about that. The information you give us will be kept confidential and stored securely and will only be used to provide an overall picture of the use and experience of GDC's services by different groups. No personal information which can identify you, such as your name or address, will be used in producing equality reports. You do not have to complete this form or some of the questions if you do not wish to and will not affect your access to services or how we treat you. Thank you.

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
Age <input type="checkbox"/> 16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say
Disability The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect on a person's ability to carry out normal day to day activities. Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Marital status <input type="checkbox"/> Civil partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Legally dissolved <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Not stated <input type="checkbox"/> Prefer not to say
Religion / Belief <input type="checkbox"/> No religion <input type="checkbox"/> Jewish <input type="checkbox"/> Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other religion (please state):
Sexual Orientation <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Gay/Lesbian/Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
Gender Identity My gender identity is different from the gender I was assigned at birth: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

Ethnicity

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other white background – please specify:

Mixed / Multiple ethnic groups

- White and Asian / British
- White and Black Caribbean / British
- White and Black African / British
- Any other mixed / multiple ethnic background – please specify:

Asian / Asian British

- Indian / Indian British
- Pakistani / Pakistani British
- Bangladeshi / Bangladeshi British
- Chinese / Chinese British
- Any other Asian background – please specify:

Black / Black British:

- African / African British
- Caribbean / Caribbean British
- Any other Black background – please specify:

Any other ethnic group – please specify:

Prefer not to say