



GEN07 – EXAMINER APPLICATION

To be submitted by an individual applying for appointment to the pool of examiners for the General Dental Practice Primary or Final Examinations. Before submitting this form, applicants should refer to the [GDP Primary and Final Examinations – Examiner Selection and Appointment Policy](#).

First Name		RACDS ID <i>(if known)</i>	
Last Name			
Other Names		Date of Birth <i>(dd/mm/yy)</i>	
Email			

Section 1 – Personal Details

If your details have changed please fill in below

Phone	M		H		W	
Mailing Address						
Principle Work Address						
Academic Qualifications	Degree	Institution			Year	
Current Employment	Organisation	Position			Employment Dates	
Previous Employment	Organisation	Position			Employment Dates	

Section 2 – Application Area

Please select the area you are applying for

- Primary Examination GDP – *(Please specify subject)* _____
- Final Examination GDP (General)
- Final Examination GDP (Elective) – *(Please specify subject)* _____



Section 3 – Attachments

Please enclose the following attachments

- Curriculum vitae
- Cover letter addressing the general principles (3.1.1 - 3.1.4) outlined in section 3.1 of the [GDP Primary and Final Examinations – Examiner Selection and Appointment Policy](#).

Section 4 – Referee Details

Name and address of a Fellow or Member of the College, registered Dental Practitioner or senior academic

Name						
Workplace						
Position						
Email						
Phone	M		H		W	

Name and address of a Fellow or Member of the College, registered Dental Practitioner or senior academic

Name						
Workplace						
Position						
Email						
Phone	M		H		W	

Section 5 – Acknowledgements

- I am in good standing with the regulation authority I am registered with (Final Examinations Only)
- I meet the Dental Board of Australia's Recency of Practice standard (if registered in Australia) (Final Examinations Only)
- I understand that my application is subject to review by the relevant Registrar and/or Board of Studies and must be approved by the Education Policy Board.

Section 6 – Declaration

I certify that information supplied in this application is true and correct and hereby apply to be an examiner

<p>Signature _____ <small>(Unsigned applications will not be processed)</small></p>	<p>Date _____</p>
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This form should be submitted

Email	info@racds.org
Address	RACDS, Level 13, 37 York Street, Sydney NSW 2000