



GEN07 – EXAMINER APPLICATION

To be submitted by an individual applying for appointment to the pool of examiners for RACDS examinations. Before submitting this form, applicants should refer to the relevant Policy or Handbook on the [RACDS Website](#).

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						

Section 2 – Application Area

Please select the area you are applying for:

- Primary Dental Sciences Examination (GDP)
- Fellowship Examination (GDP)
- MRACDS(GDP) Program
- Surgical Science and Training Examination (OMS)
- Final Examination (OMS)
- Specialist Dentist Practice (SDP)

Please specify discipline(s):

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Section 3 – Attachments

Please enclose the following attachments

- Curriculum vitae
- Cover letter addressing the general principles outlined in the [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 (Not applicable for PDS Examination)

I meet the Dental Board of Australia's Recency of Practice standard (if registered in Australia) (Not applicable for PDS Examination)

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

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

Email info@racds.org