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**Nomination Form**

**Dean of the Faculty of Dental Surgery**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please submit your completed form by email to [dental@rcsed.ac.uk](mailto:dental@rcsed.ac.uk) **by 09:00 on Monday 27 March 2023.**

**A. Personal details**

|  |  |  |
| --- | --- | --- |
| **First name** |  | |
| **Last name** |  | |
| **Title** |  | |
| **Date of birth** |  | |
| **Mobile number** |  | |
| **Email** |  | |
| **RCSEd College Reference Number**  *\*This is a five to six digit reference number that can be found by logging in to your RCSEd online account* |  | A screenshot of a video game  Description automatically generated with medium confidence[www.rcsed.ac.uk](http://www.rcsed.ac.uk) |
| **Postal address** |  | |

**B. Professional details**

|  |  |
| --- | --- |
| **GDC number** |  |
| **Grade** |  |
| **Specialty** |  |
| **Hospital** |  |

**C. Support from employer**

I attach supporting documentation from my employer, if relevant, granting

appropriate leave or circumstance to fulfil the commitments of this role.

**D. Personal statement**

Please complete the following in no more than 150 words (This will be used as your Candidate Statement in ballot papers in the event of an election.)

|  |
| --- |
| **If elected as the Dean, what would your priorities be and what would you seek to achieve during your term of office?** |

**E. Probity Declaration**

I declare that **I have not,** in the UK or outside:

* Been convicted of a criminal offence (including any spent convictions) or have proceedings pending against me.
* Been subject to disciplinary proceedings, reprimand or suspension by the General Dental Council in the United Kingdom or any equivalent Regulatory or Licensing Body elsewhere.
* Been erased from the Register of the relevant registering body or failed to comply with conditions or qualifications imposed by the relevant registering body under performance review procedures.
* Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practice.

**F. Signature**

By signing below, you confirm that all the information provided on the application form is correct.

**Signature:**

**Date:**

**G. Nomination**

We, the undersigned Fellows of the Royal College of Surgeons of Edinburgh nominate       for the office of Dean of the Dental Faculty, their consent to this nomination having been obtained:

(The proposer and seconder must be RCSEd Fellows in good standing.)

|  |  |  |
| --- | --- | --- |
| **PROPOSER** | | |
| **Full name** |  | |
| **RCSEd College Reference Number\*** |  | |
| **Email** |  | |
| **Signature** |  | **Date** |

|  |  |  |
| --- | --- | --- |
| **SECONDER** | | |
| **Full name** |  | |
| **RCSEd College Reference Number\*** |  | |
| **Email** |  | |
| **Signature** |  | **Date** |

|  |  |
| --- | --- |
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Please complete this form and return to [dental@rcsed.ac.uk](mailto:dental@rcsed.ac.uk) by **09:00 on Monday 27 March 2023.**

For further information, please contact the Faculty of Dental Surgery at [dental@rcsed.ac.uk](mailto:dental@rcsed.ac.uk)

By submitting this application, you understand that RCSEd will process your personal data in accordance with the terms of the General Data Protection Regulation (GDPR).

We will not share your data with any other third party unless there is a statutory requirement for us to do so or unless we require to do so to deliver our services. Such sharing will only be undertaken where the appropriate Data Processing Agreements are in place and for tightly controlled purposes. The College will retain your data for the periods of time described in our privacy statement. Further details may be found on our website at <https://www.rcsed.ac.uk/privacy>.