# NOMINATION FOR THE RCSEd DENTAL FACULTY MEDAL

**1. Nominee Details**

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| **First Name** |  |
| **Last Name** |  |
| **Title** |  |
| **Date of birth** |  |
| **Mobile number** |  |
| **Email address** |  |
| **Postal address** |  |
| **Degrees held** |  |
| **Current/former position** |  |

**2. Proposer and Seconder**

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| --- | --- | --- | --- |
| **Name of Proposer** |  | | |
| **Email address** |  | **College Reference Number** |  |
| **Signature** |  | | |

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| --- | --- | --- | --- |
| **Name of Seconder** |  | | |
| **Email address** |  | **College Reference Number** |  |
| **Signature** |  | | |

**CV of nominee attached** YES/NO

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| **CONFIDENTIALITY**  It is very important that confidentiality is observed at all stages of the nomination and selection process. Please do not disclose your nomination to the nominee or others until the nomination has received final approval by the Dental Council and been accepted by the nominee. |

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| **REASON FOR NOMINATION**  Please give your reasons for nominating this individual detailing their distinguished contribution to the Faculty, College and Dentistry in the UK. Please include verifiable evidence and you may include links to external evidence. (Up to 500 words) |

Please return this completed form to [dental@rcsed.ac.uk](mailto:dental@rcsed.ac.uk) by 19 May 2025.

Faculty of Dental Surgery

Royal College of Surgeons of Edinburgh

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