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1001

## Application Form

## Postgraduate Qualifications in Dentistry

Surname/family name	<input type="text"/>
First/given name(s)	<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Programme for which you are applying	<input type="text"/>

## NOTES FOR GUIDANCE

**Please read carefully *before* you complete this application form.**

- A. Complete the questions on the following pages in **BLOCK CAPITALS**, using either a typewriter or a pen with **black** ink. If you have any problems please look for advice in the accompanying prospectus.
- If there are any questions which do not affect you, write N/A ('Not applicable').
- B. It is **your** responsibility to ensure that the application is submitted to the University before the closing date. **The University cannot be held responsible if you, or a third party, submit the application after the closing date has passed.** It may sometimes be possible, however, for late applications to be considered.
- C. It is **your** responsibility to obtain all the information and documentary evidence required in support of your application. The University cannot undertake to obtain information/evidence on your behalf.
- D. Your completed application form, **together with the accompanying documentary evidence** (see section 21 'Submitting your application' on page 8 of this form) should be posted to the Postgraduate Admissions at the University address given at the foot of this page.

**DEADLINE FOR RECEIPT OF APPLICATIONS****30 September**

# Questionnaire on enquiry source

The purpose of this questionnaire is to help us establish a picture of our potential student body. All the information you give will be treated as confidential. If you complete the following six questions as fully as possible, it will help us to plan our marketing strategy more effectively.

1. Age range (Please ✓) Under 21  21–26  27–34  35–39  40–44   
 45–49  50–54  55–59  60–65  Over 65

2. Nationality

3. Country in which you will be resident for your studies

4. How do you intend to study? (✓ one from each column only)

- |   |   |
|---|---|
| Independently <input type="checkbox"/>      | Full-time student <input type="checkbox"/>                    |
| At a local college <input type="checkbox"/> | Full-time employment/part-time study <input type="checkbox"/> |
| By correspondence <input type="checkbox"/>  | Part-time employment/part-time study <input type="checkbox"/> |
| Other <input type="text"/>                  | Home-maker/full- or part-time study <input type="checkbox"/>  |
|   | Occasional courses <input type="checkbox"/>                   |
|   | Other <input type="checkbox"/>                                |

5. When do you intend to begin your studies? (✓ one only)

- Within one year   
 Within two years   
 Undecided

6. How did you hear about the External Programme?

Personal contact:	Advertising:	Please specify	Code
Colleague <input type="checkbox"/>	Specialist journal <input type="checkbox"/>	<input type="text"/>	(**/J)
Former/current student <input type="checkbox"/>	UK newspaper <input type="checkbox"/>	<input type="text"/>	(**/UKN)
Friend/family <input type="checkbox"/>	Overseas newspaper <input type="checkbox"/>	<input type="text"/>	(**/ONP)
Careers office <input type="checkbox"/>	Magazine <input type="checkbox"/>	<input type="text"/>	(**/MAG)
School/college <input type="checkbox"/>	Education guide <input type="checkbox"/>	<input type="text"/>	(**/EG)
Library <input type="checkbox"/>	Direct mail <input type="checkbox"/>	<input type="text"/>	(**/DM)
	British Council office <input type="checkbox"/>	<input type="text"/>	(**/BC)
	Education exhibition <input type="checkbox"/>	<input type="text"/>	(**/EX)
	Website <input type="checkbox"/>	<input type="text"/>	(**/WWW)
	Web search engine <input type="checkbox"/>	<input type="text"/>	(**/SE)
	Other <input type="checkbox"/>	<input type="text" value="1001"/>	

If you would be prepared to answer further questions about your involvement with the External Programme, please write your name and address here.

Name .....

Address .....

.....



SRN

SRN input boxes

(For office use only)

1001 Application Form

Postgraduate Qualifications in Dentistry

The completed application form and all the required documentary evidence should be returned to the Postgraduate Admissions, University of London, Stewart House, 32 Russell Square, London WC1B 5DN. Faxed applications will not be accepted. The deadline for receipt of applications each year is 30 September. It may be possible, however, for late applications to be considered.

Please note that there is a limit to the number of students who can be registered for the M.Clin.Dent. (Prosthodontics) in any year. You are, therefore, advised to submit your application as early as possible. All applications will be dealt with in the order in which they are received.

1-8. Personal details (PLEASE WRITE CLEARLY AND IN BLOCK CAPITALS)

Form containing sections 1-8: Surname/family name, First/given name(s), Title, Sex, Date of birth, Home address, Home contact, Work contact.

9. Programme for which you wish to apply

Form for section 9: Please tick (✓) one: Master of Clinical Dentistry (Prosthodontics), MSc in Dental Public Health, MSc in Dental and Maxillofacial Radiology.

**10. Degree(s) held or currently being taken**

Include the title of the degree, the name of the university or other institution, the classification of award (please indicate if it is an award with Honours), the main subjects studied and date the degree was awarded.

Title of degree	University	Classification	Subject(s)	Date
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**11. Current employment**

Date started	Job title	Employer
.....	.....	.....
Main responsibilities		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		

**12. Clinical facilities** (*M.Clin.Dent. applicants only*).

Please indicate what facilities are available to you locally on a regular basis.

.....
.....
.....
.....

**13. Radiographic facilities** (*Dental and Maxillofacial Radiology applicants only*).

Please indicate what facilities are available to you locally on a regular basis.

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.....



## 17. Students with a disability or special needs

a. Do you have any condition that may require special examination arrangements to be made (e.g. partial sight, confinement to a wheelchair, dyslexia, specific learning difficulties, legally imposed travel restrictions)?

**Yes / No** (*circle as appropriate*)

If 'Yes' please describe your condition/circumstances.....  
.....  
.....

b. Taking account of the condition(s)/circumstances that you have described in A above, do you have any special requirements with regard to the materials we will provide in support of your study programme (e.g. large print)?

**Yes / No** (*circle as appropriate*)

If 'Yes' please give details of your requirements.....  
.....  
.....

**NOTE:** In order for this request to be assessed, you must also write **as soon as possible** to the Special Examinations Arrangements Office, Room 21A at the University of London address, with **full** details of your condition/circumstances, **together with medical/other documentary evidence** in support of your request. If your application for admission is successful and you are given an offer to register for this programme, please note that the offer will be made subject to approval being given that the special examination arrangements are possible and/or the study materials can be provided in the format you have requested.

## 18. Fees

If someone other than yourself will be responsible for paying your fees, please tell us the name and address of your sponsor.

Name .....

Address.....  
.....  
.....

Postal/Zip code .....

Country .....

## 19. Why do you wish to study for this programme?

Please give, in your own handwriting, your reasons for wishing to study for this programme below (minimum of 100 words). You should also include any details about your education and work experience which are relevant to this application, and your current responsibilities.

.....  
.....  
.....  
.....  
.....  
.....

A large rectangular area with a dotted grid pattern, intended for writing or drawing. The grid consists of 20 horizontal rows and 100 vertical columns of small dots, creating a guide for text alignment and spacing. The entire grid is enclosed within a thin black border.

## 20. Submitting your application

For office use only  
Documents returned  
(if applicable)

Documentary evidence of all your qualifications must be submitted in order for your application to be considered. **This evidence must be posted to the University together with the ORIGINAL of this application form.**

Please indicate, by a tick (✓) in the relevant box, what you are enclosing. If you are unable to supply the appropriate evidence for one or more of your qualifications, you must also enclose a letter giving your reasons.

1. **Photocopied** evidence of your full name and date of birth  
(e.g. birth certificate, passport, statutory declaration) .....
2. a. Your **original** academic certificate showing the class of award obtained  
(where applicable).....
- b. **OR** a photocopy of your original academic certificate verified by the British Council  
(If the British Council is unable or unwilling to provide this service you are required  
to submit the evidence specified in either 2a, 2c or 2d).....
- c. **OR** an **original** statement/transcript of your academic studies certified  
by the institution at which your qualification was obtained.....
- d. **OR** the **original** of your annual practicing certificate (from the General Dental Council  
or other relevant body) .....

Note: all **original** documents submitted by you will be returned by registered mail after your application has been processed. However, the University will keep all photocopies, unless you request otherwise.

**Please note that an original official translation into English must be provided for any evidence required that is not already in English. This translation will be retained by the University.**

In addition to the above, please confirm that you have asked two referees to send confidential letters of reference to the University of London address given at the top of page 3 of this form. You are asked to note that **we may not be able to consider your application until these references have been received** .....

Date \_\_\_\_\_  
/ /

### DECLARATION TO BE SIGNED BY ALL APPLICANTS

- a) I declare that the statements made by me on this form are, to the best of my knowledge and belief, true and correct.
- b) I agree to the University of London processing my personal data contained in this form and other personal data that the University may obtain from me or from other people connected with my studies. I agree to the retention and disclosure of such data for normal academic and administrative purposes in accordance with the principles set out in the 1998 Data Protection Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DECLARATION TO BE SIGNED BY APPLICANTS FOR THE M.CLIN.DENT.

I confirm that I have (or will obtain) the computer software and hardware specified in the prospectus for this programme by the time I register for the degree.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# University of London External System

Master of Clinical Dentistry (Prosthodontics)  
by Distance Learning

ENCLOSURE FOR APPLICANTS

## Residential venues

From 2006 two residential venues are being offered (see below). When applying for this course you are asked to indicate your preference.

### A England, UK

*Dates: Friday 12<sup>th</sup> January to Sunday 21<sup>st</sup> January 2007*

Salomons Centre

Southborough, Kent

AND

Dental Institute

King's College, London

### B Dharwad, India

*Dates: Saturday 3<sup>rd</sup> February to Friday 9<sup>th</sup> February 2007*

S.D.M. College of Dental Sciences and Hospital, Dharwad, Karnataka

#### Applicant details:

Surname/family/father's name: \_\_\_\_\_

First name(s)/given name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_

I wish to pursue MClintDent studies and attend the residential component in: (tick as appropriate)

**Residential Venue A** (England, UK) \_\_\_\_\_ **Residential Venue B** (Dharwad, India) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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#### Note:

A limited number of registrations can be accepted for the M.Clin.Dent (Prosthodontics) degree each year, therefore registration will only be confirmed on payment of the appropriate fee and if there is still a place available for that study year. A student whose registration is not confirmed will be made an offer to register for the following year instead.

**This form must be returned with the application form to: *The Postgraduate Admissions Office, University of London, External System, Stewart House, 32 Russell Square, London WC1B 5DN, United Kingdom.* Tel: +44 (0)20 7664 4808. Email: [postgraduate\\_admissions@lon.ac.uk](mailto:postgraduate_admissions@lon.ac.uk)**