



Please attach a passport sized photograph for use on the SRRDG Members page website

SRRDG Membership form - PLEASE USE BLOCK CAPITALS

- 1. Title
2. Surname:
3. First name:
4. D.O.B.
5. Position/Grade: StR, StR LAT, StR LAS, Other
6. NHS or Academic trainee: NHS, Academic
7. Specialty: Restorative, Periodontics, Endodontics, Prosthodontics
8. Hospital(s)
9. Hospital address:

10. E-mail address:

11. Telephone number: Work, Mobile

12. Professional qualification(s) and date(s)
Qualification Date awarded

13. Date of entry to grade (DD/MM/YY)

14. Estimated date of award of CST/CCST (DD/MM/YY)

- 15. Please tick the appropriate box
I am a specialty trainee in Restorative Dentistry (£75)
I am a specialist trainee in one of the monospecialties (£40)

Please ensure all sections are filled out and return this form and a cheque for the amount payable to the current 1st/2nd year representative for the SRRDG for 2013-2014 this is: Mr James Ban, Specialty Registrar in Restorative Dentistry, Registrar Room - 4th Floor Chapter House, Bristol Dental Hospital, Lower Maudlin Street, Bristol, BS1 2LY
Email: James.Ban@UHBristol.nhs.uk