

Diploma in Orthodontics

Department of Orthodontics, School of Stomatology, Ninth People's Hospital,
Jiao Tong University Shanghai, PRC

Hong Kong Institute of Orthodontics



Application Form

Diploma in Orthodontics (Intl) for General Dental Practitioners (RCSEd)

Personal Information

Last name	
First name	
Postal address	
Phone number	
Email address	

Previous Higher-education (Please include photocopy of certificates)

Institute 1

Name of Institution		
Title of Programme		
Date of Attendance	Start date	
	End date	

Institute 2

Name of Institution		
Title of Programme		
Date of Attendance	Start date	
	End date	

Institute 3

Name of Institution		
Title of Programme		
Date of Attendance	Start date	
	End date	

Current employment status

Employer	
Address	
Position held	
Date of employment	

Referee Details

Name	
Institution/Company	
Position	
Phone number	
Address	
Email	
Signature	

Declaration

I confirm that all information provided in my application to the Diploma in Orthodontics is correct. I understand that my my application may be cancelled if my application is found to contain false or misleading information or material omissions.

I understand and agree with the above.

Signature: _____

Date: _____