

CERTIFICATE IN SPECIAL CARE NURSING
APPLICANT CHECKLIST

Please read and complete all sections of the checklist.

Verification Form	
Applicant Full Name	
Applicant GDC Number:	
Supervising Dentist Full Name:	
Supervising Dentist Signature:	
Supervising Dentist GDC Number:	
Date:	

Study Requirements	Please Circle
1. Study leave authorised – this is to be arranged between applicant & employer	Yes No
2. Access to minimum of 20 adult & older adult patients from the groups listed below	Yes No
3. Access to patients with Learning disabilities (eg autism, down syndrome and disabilities in adults)	Yes No
4. Access to patients with physical disabilities (eg visual or hearing impaired, wheelchair users)	Yes No
5. Access to patients with medically compromising conditions (eg heart conditions, asthma, epilepsy, parkinson's disease, cancer)	Yes No
6. Access to patients with mental health impairment (eg phobia, schizophrenia, OCD, depression)	Yes No
7. Moving & handling and CPR certificates and other evidence of CPD (eg infection control, mental capacity)	Yes No
8. Medically Compromising Conditions	Yes No
9. I will attend a total of 4 face to face sessions held within the training centre, I will access the remainder of my training online	Yes No

10. Access to the support of a GDC registered clinician to act as a witness and guide during the course and who will validate the log sheets and the competencies in the workplace – this can be your supervising dentist	Yes No
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Please add any questions or comments you may have or wish to state to support your application:

Incomplete checklists will not be accepted by the centre and will be returned immediately to the sender.