

APPLICATION FORM
DENTAL TEAM EDUCATION CENTRE - COURSES

Please read and complete all sections of the application form. Incomplete applications will not be accepted by the centre and will be returned immediately to the sender.

Please indicate the course you are applying for:

Course name:	Tick here
DTEC IRMER Update	
DTEC Certificate in Endodontic Nursing	
DTEC Certificate in Fluoride Application	
DTEC Certificate in Alginate Impression Taking	
NEBDN Certificate in Dental Implant Nursing	
NEBDN Certificate in Dental Radiography	
NEBDN Certificate in Dental Sedation Nursing	
NEBDN Certificate in Oral Health Education	
NEBDN Certificate in Orthodontic Nursing	
NEBDN Certificate in Special Care Dental Nursing (Blended Learning - Online)	
Other: Please state course name here:	

Personal Details:	
Surname:	
Forenames:	
Title:	
Home Address:	
Home Postcode:	
Work Address:	

Work Postcode:			
Home telephone:		Work telephone:	
Mobile telephone:			
Email Address:			
GDC Registration Number:	Please state <u>N/A</u> if not applicable:		
Evidence	<i>All application forms must be accompanied with a copy of the below evidence.</i>		
	GDC registration certificate	Yes	No
	Dental Nursing certificate	Yes	No

Payment Agreement

Please enter full payment confirmation details for any online payments or PO details raised. **Applications will not be accepted unless a valid PO number and or online payment authorisation number has been provided.**

My employer is funding the course and I have been provided with a PO number	Yes	No
PO NUMBER:		
I am funding the course and have paid online	Yes	No
ONLINE PAYMENT AUTHORISATION NUMBER:		

Please continue.

To be completed by the Supervising Dentist/ Employer:

This form is to be signed off by your supervising dentist or Employer.

Declaration:

- I confirm that the information included in this application pack is a true and accurate.
- I agree to release the candidate for all of the listed course dates and to supervise, validate and provide constructive feedback for all workplace activities required by the course.
- I confirm I have read the Employer Information Sheet included in this Application Pack and am familiar with the number and type of cases required for completion

Supervising Dentist / Employer - Name in full:	
Signed:	Date:

Where did you see this vacancy advertised?			
www.jobs.nhs.uk <input type="checkbox"/>	National Newspaper (Specify): <input type="checkbox"/>	Health Service Journal <input type="checkbox"/>	Nursing Standard <input type="checkbox"/>
www.kingsch.nhs.uk <input type="checkbox"/>	Local newspaper (specify): <input type="checkbox"/>	British Medical Journal <input type="checkbox"/>	Other Professional Journal <input type="checkbox"/>
www.kch.nhs.uk <input type="checkbox"/>	GP <input type="checkbox"/>	Hospital Doctor <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>
Search Engine <input type="checkbox"/>	King's Vacancy Bulletin <input type="checkbox"/>	Nursing Times <input type="checkbox"/>	RCN Bulletin <input type="checkbox"/>
Other Website <input type="checkbox"/>	Job Centre <input type="checkbox"/>	Therapy Weekly <input type="checkbox"/>	Other – indicate <input type="checkbox"/>

THANK YOU FOR TAKING THE TIME TO COMPLETE - END OF APPLICATION.