**A picture containing text, sign

Description automatically generated**

**POST REGISTRATION COURSE**

**APPLICATION PACK**

**ENDODONTIC DENTAL NURSING**

**CONTENTS**

Important Information Pg. 3

Employer Information Sheet Pg. 4

Application Form Pg. 5

Course Suitability Checklist Pg. 7

Payment Information Pg. 8

Cancellation Policy Pg. 10

Extenuating Circumstances Form Pg. 11

Application Checklist Pg. 12

**IMPORTANT INFORMATION**

**Entry Requirements**

Any applicant for a Post Registration course must be registered with the General Dental Council.

They must also have access to the range of procedures required to complete their Portfolio of Evidence. More information regarding the procedures required for the course is available via the Employer Information Sheet (pg. 4)

Applicants will need to be self-motivated and will need to be supported in the workplace by suitably qualified staff willing to act as witnesses. More information about the role of the witness can be found on the Employer Information Sheet (pg. 4)

**Course Attendance**

Students are expected to attend a minimum of 90% of the face-to-face course dates provided. Students are also expected to review 100% of any learning material provided online. A full copy of the Attendance & Participation policy will be made available to students prior to the first date of the course for which they are applying.

Text

Description automatically generated

**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 Certificate in Clinical Photography |  |
| 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 (Full Award) |  |
| NEBDN Certificate in Dental Sedation Nursing (Inhalation Sedation Only) |  |
| NEBDN Certificate in Dental Sedation Nursing (Intravenous Sedation Only) |  |
| NEBDN Certificate in Oral Health Education |  |
| NEBDN Certificate in Orthodontic Nursing |  |
| NEDBN Certificate in Special Care Dental Nursing (Blended Learning - Online) |  |
| Other: Please state course name here: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Details:** | | | | | |
| Title: | First Name: | Last Name: | | Date of Birth: | |
|  |  |  | |  | |
| Home Address:  Home Postcode: |  | | | | |
| Photographic ID:  All applicants are required to submit a copy of valid Photographic ID with their Application Form. Acceptable forms of ID are listed below. Any ID provided must be in date i.e. have not expired. Please indicate which form of ID you are submitting with your application below. | | | | | |
| ID Card / National Identification Card | |  | | | |
| Driving License | |  | | | |
| Passport | |  | | | |
| Work Address:  Work Postcode: |  | | | | |
| Home telephone: |  | Work telephone: |  | | |
| Mobile telephone: |  |  |  | | |
| Email Address: |  | | | | |
| GDC Registration Number: | Please state N/A if not applicable: | | | | |
| Evidence | All application forms must be accompanied with a copy of the below evidence. | | | | |
| 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:** | | |

**To be completed by the Supervising Dentist/ Employer:**

This form is to be signed off by your supervising dentist or Employer. As the supervising dentist or Employer you are confirming that all documentation has been completed in full by the applicant and is a true account.

As the supervising dentist/ Employer, I also agree to release the above candidate for all of the listed course dates and to supervise and validate all workplace activities to meet the course requirements.

**Declaration:**

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

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

**COURSE SUITABLITY CHECKLIST**

**CERTIFICATE IN ENDODONTIC DENTAL NURSING**

Please read and complete all fields below:

|  |  |
| --- | --- |
| Applicants Full Name |  |
| Applicants GDC Number |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Study Leave has been arranged between myself and my employer | Yes |  | No |  |
| Access to cases as listed below: |  |  |  |  |
| * Patients requiring Endodontic Treatment x 10 | Yes |  | No |  |
| Access to the support of at least one GDC registered clinician to act as a witness during the completion of your Record of Competence | Yes |  | No |  |

I confirm that the above information is accurate

|  |  |
| --- | --- |
| Employer Name: |  |
| Employer GDC Number: |  |
| Employer Signature: |  |
| Date: |  |

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

**We welcome feedback on how you heard about the course. Please** [**click here**](https://forms.office.com/pages/responsepage.aspx?id=FM9wg_MWFky4PHJAcWVDVg9jNrX7j1xGnq2dedrCuLBUOEU5MUNUNjNONVk0WVg5WlhFQk81UFNWVy4u&web=1&wdLOR=c4E8226B8-61AF-4C65-A978-6FBE16CCD64D) **to complete the form.**

**MAKING A PAYMENT**

Methods of Payment

Option 1 – Telephone Payment

To make a telephone payment please call 0203 299 6428. It is important to quote your full name, the amount you are paying and the course you will be attending, together with reference number 303279.

Option 2 – Credit Card Payment

If you prefer you can make a Credit Card payment, by completing the attached form, ensuring you complete all details in full to include the course name you wish to attend.

**Please note that we do not accept card payments made by American Express.**

Option 3 – Bank Transfer

If you prefer to make a bank transfer – details needed are below:

**Account Name**: GBS RE KINGS COLL HOSP NHSFT

**Account Number**: 10020217

**Bank Sort Code**: 60-70-80

It is very important and essential that you ensure a reference is added – this should be your Initial, Surname, Course Name and reference number 303279.

**IMPORTANT**

Once you have processed your payment, please can you email me [carolwhite5@nhs.net](mailto:carolwhite5@nhs.net) and let me know what payment option you chose and the amount you paid.

kch_ft_colour

Course:

Date:

Credit card details below:

|  |  |
| --- | --- |
| **Details for credit card payments** | |
| NAME ON CARD: |  |
| CARD NUMBER: |  |
| EXPIRY DATE:  (Month/Year) |  |
| CV2\* |  |
| CUSTOMER PHONE NUMBER: |  |
| CUSTOMER EMAIL: |  |
| BILLING ADDRESS: |  |
| CITY: |  |
| COUNTY/STATE: |  |
| POSTCODE/ZIP: |  |
| COUNTRY: |  |
| AMOUNT: | £ |
| REFERENCE CODE: **303279** |  |
| SUBJECTIVE CODE: **455800** |  |
| I CONSENT TO PAYMENT OF £ TO BE CHARGED TO THE ACCOUNT LISTED ABOVE: | Yes  No |

Please send completed form to Amanda White, Head of Financial Transactions ([amanda.white1@nhs.net](mailto:amanda.white1@nhs.net)) or Josephine Olukoya ([josephine.olukoya@nhs.net](mailto:josephine.olukoya@nhs.net)).

A copy should also be sent to [carolwhite5@nhs.net](mailto:carolwhite5@nhs.net)

**BOOKING, CANCELLATION AND REFUND POLICY**

**Seminar and Course Bookings**

To help maintain the quality of course delivery, all our course and seminars are subject to a limit on the

maximum number of delegates. Once a course is full any additional applicants will be offered a place on

the waiting list. This will mean your application is held until the next intake. If, for any reason, a place

becomes available on the current course you may be contacted and offered an earlier opportunity to join

the course.

Having completed the relevant application form and submitted full payment you will be sent a letter of

confirmation. You do not have a place on the course until the letter of confirmation has been sent.

**Cancellations by the Applicant**

By completing your application for a course and making a payment (whether in full or in instalments), you

agree to the following Terms and Conditions. We acknowledge that sometimes there is a need to cancel

your enrolment from a course/training workshop. If you cannot attend, or no longer require a place, please

provide notice of cancellation at least 6 weeks prior to the start of the course.

Cancellations received 6 weeks or more prior to the course/seminar start date will be refunded the fee you

have paid less an administration fee of £50.

Cancellations received less than 6 weeks prior to the course/seminar start date will not be eligible for a

refund.

Refunds may, however, be considered where there are extenuating circumstances. If you consider your

cancellation to be due to extenuating circumstances please complete the Extenuating Circumstances form

and submit by email to carolwhite5@nhs.net. Where cancellations due to extenuating circumstances are

accepted a full refund, minus a £50 administration fee, will be made.

**Cancellations by the Centre**

All bookings are accepted on the understanding that a course or seminar will only be delivered if it attracts

the required minimum number of delegates to ensure viability. In the unlikely event that a course is

cancelled by the Centre we will notify you at least 2 weeks before the date of the course or seminar (as far

as is reasonably practicable) and we will refund all fees paid. All refunds will be paid as soon as possible

after the date of cancellation.

**EXTENUATING CIRCUMSTANCES REFUND REQUEST FORM**

By completing your application for a course and making a payment (whether in full or in instalments), you agree to the following Terms and Conditions.

We acknowledge that sometimes there is a need to cancel your enrolment from a course/training workshop. If you cannot attend, or no longer require a place, please provide notices of cancellation at least 6 weeks prior to the start of the course.

* Cancellations received 6 weeks or more prior to the course/seminar start date will be refunded the fee you have paid less an administration fee of £50.
* Cancellations received less than 6 weeks prior to the course/seminar start date will not be eligible for a refund.
* Refunds may, however, be considered where there are extenuating circumstances (global pandemic or where clinical activity is greatly reduced at point of application) may be considered. If you consider your cancellation to be due to extenuating circumstances please complete this form and submit by email to carolwhite5@nhs.net. Where cancellations due to extenuating circumstances are accepted a full refund, minus a £50 administration fee, will be made.

**Refunds will be made to Payee only**.

To be completed by applicant:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Request |  |
| Course |  | Fees Paid |  |
| Reason for Refund |  | | |
| Address for Refund |  | | |
| Signature |  | | |

For Office Use Only:

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Cancellation |  | Date of action |  |
| Total Amount of Refund |  | Actioned by |  |
| Notes: |  | | |

**APPLICATION CHECKLIST**

Before submitting your application documentation, please check you have completed and included the following:

|  |  |
| --- | --- |
| Application Form |  |
| Course Suitability Form |  |
| GDC Registration Document |  |
| Dental Nursing Qualification Certificate |  |
| One form of ID |  |