



UNIVERSITY DENTAL HOSPITAL OF MANCHESTER The Central Manchester School for Dental Care Professionals

Post Registration Courses – Application Form

Please complete this form in BLOCK CAPITALS and email to: - <u>admin.dcp@mft.nhs.uk</u> or post to: The Central Manchester School for Dental Care Professionals, 3rd Floor, University Dental Hospital of Manchester, Higher Cambridge Street, Manchester, M15 6FH.

Tel: 0161 272 5670 / 0161 272 5671 / Fax: 0161 272 5686 Name of course (please [x] DENTAL IMPLANT NURSING [] DENTAL SEDATION NURSING [] ORAL HEALTH EDUCATION [] ORTHODONTIC NURSING [] Course Start Date: -**Personal Details** Surname First name(s) Postal Address Post Code: GDC Registration number: Daytime Telephone number (including STD code): Mobile Telephone Number: Email address: **Practice Details** Practice Name & Address: Post Code: Telephone Number: Name of Supervising Dentist: Supervising Dentist's GDC Registration Number:

Qualifications	
Please place x to the qualification you have achieved:- NEBDN National Certificate/Diploma in Dental Nursing NVQ/SVQ Level 3 in Oral F Level 3 Diploma in Dental Nursing Hospital Certificate Please attach photocopies of your dental nursing and GDC registration certificate application form. If your certificates are in your maiden name, then please enclose a photocopy of y Describe your current role:	when submitting this
Do you have a personal Development Plan? (Circle) If you do not have a personal development plan Would you like a Deanery facilitator to assist you? (Please contact Christine Sutton on 0161 625 7658 to arrange a visit) Does the Practice have a practice development plan? Describe how this training would benefit your role?	Yes No Yes No Yes No
Describe how this training would benefit the practice and impact on delivery	of services?

Payment
The full cost of the course is £850.00 per candidate.
NHS practices that come under the catchment areas of the North Western Deanery (<i>Cumbria & Lancashire, Cheshire & Merseyside & Greater Manchester</i>) are eligible for part-funding towards the course fee. If you are eligible for a funded place, the course fee will be £350.00, if you are not eligible for a funded place you will be required to pay £850.00.
Are you in an NHS practice and eligible for part-funding? Yes No
The course fee will be required to be paid BEFORE commencement of your course. The paying recipient will be invoiced the course cost from the finance department of MFT. You will be required to provide the full details of who to send the invoice to during the interview.
If you wish to pay the course fee via instalments you may do so, this will be discussed further at your interview. This payment must be received prior to the course start date.
Costs
Please note you may incur the following costs:
<u>Candidate Withdrawal/cancellation:</u> If you have completed your candidate registration form (CRF) and the School has registered your application with the NEBDN and you withdraw your application for any reason you will be required to pay in full the cost of the registration fee (£195.00) and a 25% administration charge of the total course fee. If you cancel your course application and the CRF has not been made to the NEBDN you will be required to pay a 25% administration fee of the total course fee. No course fees can be reimbursed once the course has commenced.
Examination Deferment: If you defer from the initial date of entry to your final examination the NEBDN will charge a £30.00 administration fee of which you will be required to pay.
Examination Re-sit: The cost of your first examination entry to the NEBDN is included in your course fee, if you fail the first examination entry and wish to re-sit you will be required to pay a fee of £175.00 to the NEBDN.
Declaration
I agree to attend all training sessions and complete the training programme; I confirm that I am able to meet the clinical requirements for the record of competence. I agree to my employer receiving updates on my progress on the course. Failure to complete the full course and sit the examination will result in a claw back of training fees which I agree to pay.
Signature of candidate: Date:
GDC Registration Number
Please note; your GDC registration may be at risk if you knowingly make a false declaration.
Employer Declaration This training is part of the practice development plan and as the employer I agree to the following:
 The candidate will be released from work for timetabled activity sessions.
The candidate will be able to fulfil the clinical requirements of the record of competence
 I agree to validate the evidence required for the competences for the record of competence
Employers Signature: Date:
GDC Registration Number
Please note; Your GDC registration may be at risk if you knowingly make a false declaration.

The Central Manchester School for Dental Care Professionals has a progress monitoring policy for all students. Employers will be kept updated on the progress of the students throughout the duration of the course

General Data Protection Regulations (GDPR)

The Manchester University NHS Foundation Trust (MFT) Central Manchester School for Dental Professionals needs to collect and use data about you, including name, address, date of birth and other demographic information for student administration purposes. In collecting and using data the School must comply with the new European arrangements of the General Data Protection Regulation (GDPR) of May 2018.

Depending on the nature of your course we share this information with educational and governing bodies. These may include the Apprenticeship Certification England (ACE), City & Guilds, The National Examining Board for Dental Nurses (NEBDN) and The Royal College of Surgeons of Edinburgh for the registration of qualifications and awards. We also share information with Health Education England (HEE) and Skills for Health (SfH) to ensure the School receives appropriate funding.

MFT are registered with the Information Commissioners Office	e (ICO), registration number ZA 282424.	
Please tick the box and sign and date to confirm the usage	at you have read, agreed and understood our data	
Candidate Signature	Date	
Successful candidates will be required to attend an informal interview; the details of the interview will be forwarded on receipt of the application form.		
CHECKLIST to candidate application		
Please ensure you have included the following with your application:		
Fully completed application form		
Copy of Dental Nursing Certificate		
Copy of GDC Registration Certificate		
Copy of proof of your change of status name (if applicable)		