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**University Dental Hospital of Manchester**

**Central Manchester School for Dental Care Professionals**

**Advanced Apprenticeship in Health – Dental Nursing (4238 – 12)**

**Application Form**

Please complete this form in BLOCK CAPITALS and email to: - [admin.dcp@mft.nhs.uk](mailto:admin.dcp@mft.nhs.uk) 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

**Personal Details**

Surname Mr/Ms/Mrs/Miss

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First name(s) Date of Birth

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Home telephone number: (including STD code) Mobile telephone number

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Email address:

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Are you UK/EC/EEA Citizen with Right to work in the UK Yes No Have you been a resident in the UK for the last 3 years? Yes No Are you employed? Yes No If Yes, what is your job title?

Are you in receipt of any other government funded training? Yes No If yes, please state which training course you are attending.

**Qualifications and Grades**

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| **Qualification** | | **Example GCSE/Functional Skills** | **Grade/Level** | **Year attained** |
| English Language | | GCSE | 4 | 2020 |
|  | **Other Qualifications** | | | |
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**You are required to produce the original certificate(s) at interview.**

Qualifications attained outside of the United Kingdom (UK), the candidate must contact ‘The National

Recognition Information Centre for the United Kingdom (NARIC)’ and request to have their qualification equivalencies formally listed. This list must be presented to the document checker prior to interview.

**Employment History**

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| **Job title** | **Name and address of employer** | **Full/part time** | **Start date** | **End date** |
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**Personal Statement**

Please give details of why you are applying for this course. What skills and experiences could you bring to the role of a Dental Nurse?

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**Equal Opportunities**

The School of Dental Care Professionals is committed to the Equal Opportunities Policy.

**Do you consider yourself to have a disability?** Yes No If yes, please give brief details

### Please state the nature of any health problem or learning difficulty you have and how it affects your day to day activity

Please let us know if you need any learning support

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| **References** | |
| **Reference 1**  Referees title  Referees first name  Referees surname  Referees organisation name  Job title  How do they know you?  Address  Postcode  Telephone number  Mobile number  Email address  Period this reference covers from  Period this reference covers to | **Reference 2**  Referees title  Referees first name  Referees surname  Referees organisation name  Job title  How do they know you?  Address  Postcode  Telephone number  Mobile number  Email address  Period this reference covers from  Period this reference covers to |

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| **Declaration** | |
| I declare that the information on this form is correct.  I understand that any offer of a place is subject to my acceptance by The Central Manchester School for Dental Care Professionals terms and conditions.  I accept that if I do not fully comply with these requirements, The Central Manchester School for Dental Care Professionals reserves the right to cancel my application. | |
| **Applicant’s signature:** | **Date :** |

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| **Advertisement - Where did you see this vacancy advertised?** | |
| * School of Dental Care Professionals (DCP) Website * Search Engine * Recruitment fair * Telephone enquiry with the DCP School * Word of mouth * Jobcentre Plus | * Recommendation by * Dental Practice- *name of practice* * Other Website * Other, please state |

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| **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 (ICO), registration number ZA 282424.  Please tick the box and sign and date to confirm that you have read, agreed and understood our data usage | |
| **Applicant’s signature:** | **Date :** |