

## UNIVERSITY DENTAL HOSPITAL OF MANCHESTER

**The Central Manchester School for Dental Care Professionals**

**Advanced Apprenticeship in Health – Dental Nursing**

Please complete this form in BLOCK CAPITALS and email to: - 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

 **Personal Details**

Surname Mr/Ms/Mrs/Miss

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

First name(s) Date of Birth

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Postal address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Post code:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Email address:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Example GCSE/Functional Skills** | **Grade/Level** | **Year attained** |
| English Language |  |  |  |
| Mathematics |  |  |  |
|  | **Other Qualifications** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**You are required to produce the original certificates at interview. If you do not have a recognised English Language qualification you will be required to undertake an English assessment prior to being offered a place on the programme.**

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**

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

**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?

|  |
| --- |
|  |

 **Dental Practice Details**

Practice Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Practice Principal:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Postal Address:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Home Telephone Number: (including STD code) Post Code:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  |  |

Practice Telephone Number:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

Email address:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Length of employment in current dental practice**

**Number of clinical hours in current dental practice**

**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

|  |
| --- |
| **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 :** |

|  |
| --- |
| **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
 |

|  |
| --- |
| **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 :** |