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## UNIVERSITY DENTAL HOSPITAL OF MANCHESTER

**The School for Dental Care Professionals**

**Post Registration Courses – 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 School for Dental Care Professionals, 3rd Floor, University Dental Hospital of Manchester, Higher Cambridge Street, Manchester, M15 6FH.

Tel: 0161 272 5670

**Name of course (please [ x ]**

DENTAL SEDATION NURSING [ ] ORAL HEALTH EDUCATION [ ] ORTHODONTIC NURSING [ ]

**Course Start Date: -** …………………………………………………………………………………………

# Personal Details

Surname

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Postal Address

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Telephone Number:

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Email address:

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# Practice Details

Practice Name & Address:

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Post Code: Telephone Number:

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Name of Supervising Dentist:

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Supervising Dentist’s GDC Registration Number:

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Name of Practice Manager:

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# Qualifications/ID requirements

As part of the application process and examination requirements of the NEBDN you will be required to provide in date photographic identification (ID).

This can be in the form of:

* Passport
* Driving Licence
* ID card or other form of national identification

Please provide a copy of your GCSE English certificate (or equivalent) when submitting this application form. If you do not have a certificate, please record in the checklist to candidate application section at the end of this application form.

If your ID or certificates are in your maiden name, then please enclose a photocopy to support your name change for example: marriage certificate, deed poll certificate.

## Describe your current role:

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|  |
| **Describe how this training would benefit your role?** |

**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.

The course fee will be required to be paid **prior to** 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 a payment plan this can be discussed at interview.

# Costs

Please note you may incur the following costs:

Candidate withdrawal/cancellation: If 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 (£205.00) and a 25% administration charge of the total course fee. If you cancel your course application and the application has not been made to the NEBDN you will be required to pay a 25% administration fee of the total course. 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 £35.00 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 £150.00 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 School for Dental Care Professionals has a progress monitoring policy for all students. Employers will be kept updated on the progress of the candidate throughout the duration of the course

# General Data Protection Regulations (GDPR)

The Manchester University NHS Foundation Trust (MFT), 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 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 relevant funding agencies, City & Guilds, The National Examining Board for Dental Nurses (NEBDN) and/or The Royal College of Surgeons of Edinburgh for the registration of qualifications and awards. We also share information with NHS England (NHSE), (if applicable) 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



## 

**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 Photographic ID

Copy of GCSE English Certificate

Copy of proof of your change of status name

*(if applicable)*