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## UNIVERSITY DENTAL HOSPITAL OF MANCHESTER

**The School for Dental Care Professionals**

**City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) (5238-30)**

**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

**Personal Details**

Surname Mr/Ms/Mrs/Miss

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First name(s) Date of Birth

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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 | |  |  |  |
|  | **Other Qualifications** | | | |
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**You are required to produce the original certificates 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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**Dental Practice/Employer Details**

Practice Name:

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Practice Address & Postcode:

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Name of Employer:

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Name Practice Manager:

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Practice Telephone Number:

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Practice Email address:

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**Length of employment in current dental practice**

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

**Equal Opportunities**

The School for 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 additional learning support**

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| **Payment** |
| The full cost of the City & Guilds, Level 3 Diploma in Dental Nursing course is £1,800, this includes the course registration fee and the sitting of the first examination to each unit. If a resit to the unit examinations is required, payment will be applicable to the individual trainee dental nurse.  NHS Practices/NHS employees that operate within the NHS England catchment areas of Cumbria/Lancashire, Cheshire/Merseyside, Greater Manchester will receive ***full funding for the course.***  Are you in an NHS practice and eligible for full funding? Yes No  Private Practice employers and/or NHS practices that operate outside of the NHS England catchment areas; are unfortunately not eligible for funding. A fee of £1,800 will be required, the discussion of payment will be carried out at your interview.  Please note you may incur the following costs:  City & Guilds Candidate withdrawal/cancellation: If you have enrolled on to this course and then decide to cancel or withdraw your place and are a fee-paying student you will be required to pay 75% of the course fees irrespective of the cancellation or withdrawal date. |

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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 School for Dental Care Professionals terms and conditions.  I accept that if I do not fully comply with these requirements, The 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) School for Dental Professionals needs to collect and use data about you, including name, address, date of birth and other demographic information for learner 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 | |
| **Applicant’s signature :** | **Date :** |