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| 1. **Application Form – Trainee Orthodontic Therapist 2026 - 27** |

### Personal Details

Surname:

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Date of Birth: GDC Registration Number:

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Daytime Telephone number (including STD code):

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Email address:

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### Practice Details

Practice Name:

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Practice Principal:

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Postal Address:

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Email address:

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Daytime Telephone number (including STD code): Fax number (including STD code):

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### Qualifications

Qualifications including dates, you will require your original certificates as proof of all qualifications if you are asked to attend for interview.

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### Employment History & Work Experience

Please give a full employment history (with dates) since leaving school.

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Please give an account of your orthodontic experience:

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Please list in bullet points, relevant courses/CPD/achievements which would support your application attended in last 5 years:

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Please explain the reasons you are applying for this course and how you think you will benefit from attending this course.

In this account you will also need to demonstrate what personal skills (e.g. communication skills, own initiative, working as a team member) you possess to become a successful Orthodontic Therapist.

You may include examples of how you have demonstrated these skills recently from your own experience in clinical practice.

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### References

**Reference 1**

Name:

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GDC Number:

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Organisation:

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Address:

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Daytime Telephone number (including STD code):

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**Reference 2**

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GDC Number:

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Organisation:

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Email address:

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Daytime Telephone number (including STD code):

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| 1. **Application Form -*Trainer* for Orthodontic Therapist 2026-2027** |

### Personal Details

Surname:

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First name(s):

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Date of Birth: GDC Number:

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Postal Address:

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### Practice Details

Practice Name:

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Practice Principal:

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Postal Address:

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Post Code:

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Email address:

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Daytime Telephone number (including STD code): Fax number (including STD code):

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Qualifications

Please list your qualifications including dates; include date of entry onto specialist list.

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### Status in practice

Are you the owner, partner, associate or consultant?

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| --- |
|  |

### Clinical environment

Can you guarantee the student exclusive use of clinical space and appropriate nursing support?

|  |
| --- |
|  |

### Resources

What resources will be available in your practice for the student orthodontic therapist?

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| --- |
| . |

Do you have internet/email access in the practice/department?

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| --- |
|  |

Do you have digital photography in the practice/department?

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|  |

Are you able to undertake a minimum of 1 hour tutorial/teaching session per week

with the student Orthodontic Therapist?

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|  |

Will you be able to assess and monitor the student Orthodontic Therapist’s competences and progress completing assessments and reports as directed by the course directors?

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|  |

Under the requirements of the individual’s indemnity every patient who the student Orthodontic Therapist sees, at every visit, has to be checked by a Specialist Orthodontist on the GDC specialist register. Will this be possible in your clinical environment?

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Do you have sufficient UOAs (or equivalent) to enable the student Orthodontic Therapist to achieve the requisite number of clinical competencies?

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# **Please include a draft timetable detailing how the student Orthodontic Therapist’s 6 clinical sessions (**minimum**) are to be delivered.**

# **We would advise 1 dedicated personal study session a week. A clinical session is 4 hours of clinical work.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

# **Any further information that you would like to add, or you feel would be useful?**

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| --- |
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| --- |
| **7. Declaration** |

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

See our detailed Privacy Notice at [www.mft.nhs.uk](http://www.mft.nhs.uk) for more information.

Applicants signature

……………………………………………… Date………………………….….

The trainee Orthodontic Therapist will comply with the standards and regulations set out by the Course Directors. Failure to do so may result in course dismissal.

I understand that the course fee and deposit is **non-refundable** and that the Work Place Practice is **liable** for the full course fee of £13,500 regardless of whether or not the trainee completes the course. This does not include the fee for sitting the Royal College of Surgeons of Edinburgh Diploma Examination.

I confirm that I have read, understood and agree to comply with the terms and conditions of the Orthodontic Therapy Course above.

Applicants signature Date

Trainers signature Date

|  |
| --- |
| **8. Equal Opportunities Monitoring Form** |

The School for Dental Care Professionals recognises that discrimination is unacceptable and there is a clear commitment to bring about equality of opportunity.

To effectively monitor this commitment, you are asked to complete the form below.

This information will not be used by those involved in the selection and is for statistical purposes only. It will be separated from your job application as soon as it is received and will be treated as confidential.

|  |
| --- |
| **Course Applied For: Orthodontic Therapy** |
| **Closing Date: 31st October 2025** |
| **1. ETHNIC ORIGIN**  a) White  British  Irish  Other (please specify): ............................................. |
| b) Mixed  White & Black Caribbean  White & Black African  White & Asian  Other (please specify): ............................................. |
| c) Asian or Asian British  Indian  Pakistani  Bangladeshi  Other (please specify): ............................................. |

|  |  |
| --- | --- |
| d) Black or Black British  Caribbean  African  Other (please specify): ............................................. | |
| e) Other Ethnic Groups  Chinese  Other (please specify): ............................................. | |
| f) Not stated  Other (please specify): ............................................. | |
| **2. GENDER**  Male | Female |
| **3. MARITAL STATUS**  Married  Divorced  Widowed | Single  Separated |
| **4. DATE OF BIRTH** | |
| **5. AGE**  16 - 20  35 - 50 | 21 – 34  51 - 65 |
| **6. DISABILITIES**  Do you consider you have a disability?  Yes | No |
| **7. WHERE DID YOU SEE THE VACANCY?**  NHS Journal  Job Centre  Prof. Journal  Other (please specify).............................. | Newspaper  Vacancy Bulletin |

### Checklist

Please ensure you have included the following with your application:

Completed Applicants Application Form

Completed Trainer Application Form

Completed Declaration

Completed Equal Opportunities Form