

Topical Fluoride Application Course

Statement of Intent / Learning agreement — Please note that the taught sessions are purely theoretical, all practical aspects must be supervised by your supervising dentist

I (Candidate Name) GDC number.....
Can confirm that for the duration of the training course I will have the **referral capacity** and **employer support** to be able to fully meet the following requirements of the course.

You must be able to meet all requirements in order to fulfil the criteria specified in the course syllabus

- ☐ **Fifteen** patients to be seen over a **six** week period of time
- ☐ Ability to access **six** patients from each of the following target groups of the following target groups ***pre-school children, school children***

and Three adult patients
- ☐ **Self-motivation** to complete Three expanded cases studies
- ☐ A commitment to a **hefty** amount of self-study

I / We
(Supervising dentist/s Name, Signature & GDC Registration Number)

confirm that the above is a true and accurate statement and agree to support and supervise the candidate throughout the duration of the course,

I understand that the taught sessions will cover the theoretical aspects of the syllabus and that all practical aspects will be undertaken in the clinical environment under my direction.