

APPLICATION FORM FOR NEBDN Accredited Dental Radiography Certificate

Title _____ Forename _____ Surname _____
User ID _____

- This course has six sessions over a six month period. Full attendance at all six is expected from all those delegates given a place on this course
- It is vital that considerable commitment and home-study is allowed for by the delegate to successfully complete this course.
- Please note that because of the amount of home study required, we will not accept delegates on more than one NEBDN course at any one time
- As the tutored sessions are undertaken in a hotel setting it is expected that the clinical aspects are practiced in the dental surgery environment under the supervision of the mentoring clinician. Dental Nurses must have the support of a Dentist who will act as a mentor throughout this course and qualification

I undertake to commit the time and effort to demonstrate my competence by: attending all sessions, recording my practice, completing my case studies and working in co-operation with my tutor, mentor and employer.

Delegate Signature: _____ Date: _____

Employing/Supervising Dentist

Name: _____ GDC Registration No: _____

Qualifications: _____

I agree to supervise and mentor the dental nurse named above who is applying for the NEBDN Dental Radiography Course.

I Confirm I will support him/her throughout the practical competence requirements and the completion of the case studies.

Dentist Signature: _____ Date: _____

Please return this form along with your payment to:

Dental Admin Team, Health Education England, Willow Terrace Road, University of Leeds, Leeds, LS2 9JT