

**APPLICATION FORM FOR  
NEBDN Accredited Dental Radiography Certificate  
June 2013 to November 2013**

Title \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Daytime Telephone No. \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

**PLEASE NOTE - if you do not provide an email you will not receive course notifications**

- 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
- 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: \_\_\_\_\_

*Your GDC registration may be at risk if you wittingly make a false statement which you know to be untrue*

### Please return to:

Dental Admin Team  
Yorkshire Dental Office  
Yorkshire and the Humber Postgraduate Deanery  
Willow Terrace Road  
University of Leeds  
Leeds  
LS2 9JT