

**APPLICATION FORM FOR
NEBDN Accredited Oral Health Educators Certificate
March to September 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 Oral Health Educators Certificate 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