

**SUPPLEMENTARY INFORMATION FORM FOR  
Certificate in Competency in Fluoride Application  
September 2012 – Jan 2013**

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

**User ID** \_\_\_\_\_

Please identify if you are qualified in NEBDN OHE Cert. (please circle)    Yes                      No

GDC Registration Number\*: \_\_\_\_\_

**Indemnity Insurance (Personal/Employer/Crown)\***

Please indicate if you are named on an indemnity insurance policy and indicate the type of policy

*Yes I am named on the policy type indicated below.*

Personal Indemnity Insurance    ( )    Employer Indemnity Insurance            ( )  
Crown Indemnity Insurance            ( )

Policy Number and provider: \_\_\_\_\_

*No, I am not covered by any Indemnity Insurance*            ( ) (NOTE if this box is ticked your application will be rejected)

***\*please note that without these requirements your application will be rejected.***

**I undertake to commit the time and effort to demonstrate my competence by:**

- attending all sessions
- completing 10 patient log sheets
- successfully completing a competency written paper and an OSCE (Objective Structured Clinical Examination)
- to fulfil the Yorkshire & Humber Postgraduate Deanery Fluoride Application Competency

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employing/Supervising Dentist**

**Name:** \_\_\_\_\_ **GDC Registration No:** \_\_\_\_\_

Signed declaration from a GDC registrant who is competent in clinical fluoride application and who is willing to mentor you throughout the requirement of ten case studies:

**Qualifications:** \_\_\_\_\_

I agree to supervise and mentor the dental nurse named above who is applying for the Clinical Fluoride Application for Dental Nurses 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