

5-Part Programme for Dental Practice Managers

Application Form

Part One:

Name of Applicant:						
Job Title:						
Work Address:						
	Postcode:					
Work Tel No:						
Email address:						
GDC Registrant:		Yes		No	GDC No:	

The following details are required so that we can obtain confirmation that you will be supported on this course and be allowed to attend all of the dates: **Session 1: 05/12/22 Session 2: 06/03/23 Session 3: 05/06/23 Session 4: 04/09/23 Session 5: 04/12/23** Please ensure the Principal signs the declaration in **Part Three**.

Part two:

Practice Principal Name:						
GDC Number	NHS Performer No:					
Practice Address:						
	Postcode:					
Contact Tel No:						
Email address:						

Part three:

Applicant		Practice Principal	
PRINT NAME:		PRINT NAME:	
Declaration: I confirm that the above information is correct and I am available to meet all the dates required for this course. Please sign below:		Declaration: I confirm that the above information is correct. I am happy to support the applicant on this course and will ensure they are freed to meet the dates required. Please sign below:	
Date of Signature:		Date of Signature:	

Please submit Application by email to Amanda.Evans@hee.nhs.uk