NHS
Health Education England

Four- Part Programme for Training Dental Practice Managers

Name of Applicant ..... Job title .....

Work Address ..... Postcode .....

Work Telephone Number ..... Email address (for contact purpose only) .....

GDC Registrant? Y/N **GDC Number:**

We require affirmation from your dental practice (this could be in the form of a letter from Practice Principle at your dental practice.....

Practice Principal

Name ..... Job title .....

GDC Number ..... NHS Performer List Number .....

Work Address ..... Postcode .....

Work Tel. No ..... Email address (for contact purpose only) .....

Applicant	Practice Principal
Print name	Print name
I confirm the above is correct (please sign)	I confirm the above is correct (please sign)
Date	Date

Please return form

Gill Mather

At gill.mather@thamesvalley.hee.nhs.uk

Or post to:

Dental School, Thames Valley House, 4630 Kingsgate, Oxford Business Park South, Oxford , OX4 2SU