

4-Part Programme for Dental Practice Managers Application Form

Box One:

| | | | |
|-------------------------|--------------------------|----------|--|
| Name of Applicant | | | |
| Job Title | | | |
| Work address | | Postcode | |
| Work telephone number | | | |
| Email address* | | | |
| GDC Registrant Y/N | GDC Registration Number: | | |

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: 23/06/17, 14/09/17, 11/01/18 and 22/03/18. Please ensure the Principal signs the declaration in **Box Three**.

Box Two

| | | | |
|--------------------------|--|----------------------|--|
| Practice Principal Name: | | | |
| GDC Number | | NHS Performer Number | |
| Practice Address | | Postcode | |
| Contact telephone number | | | |
| Email address* | | | |

Box Three

| Applicant | Practice Principal |
|---|---|
| PRINT NAME: | PRINT NAME: |
| Declaration: <i>I confirm that the above information is correct and I am available to meet all the dates required for this course.</i> Please sign below: | Declaration: <i>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.</i> Please sign below: |
| Date of signature: | Date of Signature: |

Please submit application by post to:

Hollie Dalton
 Dental Programme Coordinator
 Southern House
 Otterbourne
 Winchester
 SO21 2RU