

2018 Post Registration Course Application Form AMENDED/shared drive/Application

Level 3 Diploma in Dental Nursing

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Hospital Certificate

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Please attach photocopies of your dental nursing certificate and GDC registration certificate when submitting this application form.

'The General Dental Council (GDC) is committed to ensuring that only dental care professionals who demonstrate the necessary knowledge of the English language are able to treat patients in the UK'
<https://www.gdc-uk.org/professionals/registration/english-language-controls> (Access 2017)

In line with this requirement the NEBDN requests the candidate to present an original appropriate academic qualification certificate in English Language, for example GCSE grade A – C, functional skills Level 2. Please note if you are unable to provide this certificate, you will be required to sit an initial assessment in English as part of the interview process. The assessment takes about 30 minutes.

If your certificates are in your maiden name, then please enclose a photocopy of your marriage certificate.

Describe your current role:

Do you have a personal Development Plan? (Circle)

**If you do not have a personal development plan
 Would you like a Deanery facilitator to assist you?
 (Please contact Christine Sutton on 0161 625 7658 to arrange a visit)**

Does the Practice have a practice development plan?

Describe how this training would benefit your role?

Describe how this training would benefit the practice and impact on delivery of services?

Payment

The full cost of the course is **£850.00** per candidate. NHS practices that come under the catchment areas of the North western Deanery (*Cumbria & Lancashire, Cheshire & Merseyside & Greater Manchester*) and **are undertaking implants as part of their NHS contract** are eligible for part funding towards the course fee. If you **are**

eligible for a funded place, the course fee will be **£350.00**, if you **are not eligible** for a funded place you will be required to pay **£850.00**.

Are you in an NHS practice and eligible for part funding as you carry out implants as part of your NHS contract? Yes ☐ No ☐

The course fee will be required to be paid **BEFORE** commencement of your course. The paying recipient will be invoiced the course cost from the finance department of CMFT. You will be required to provide the full details of who to send the invoice to during the interview.

If you wish to pay the course fee via instalments you may do so, this will be discussed further at your interview. This payment must be received prior to the course start date.

Costs

Please note you may incur the following costs:

Candidate Withdrawal/cancellation: If you have completed your candidate registration form (CRF) and the School has registered your application with the NEBDN and you withdraw your application for any reason you will be required to pay in full the cost of the registration fee (£195.00) and a 25% administration charge of the total course fee. If you cancel your course application and the CRF has not been made to the NEBDN you will be required to pay a 25% administration fee of the total course fee. No course fees can be reimbursed once the course has commenced.

Examination Deferment: If you defer from the initial date of entry to your final examination the NEBDN will charge a £30.00 administration fee of which you will be required to pay.

Examination Re-sit: The cost of your first examination entry to the NEBDN is included in your course fee, if you fail the first examination entry and wish to re-sit you will be required to pay a fee of £175.00 to the NEBDN.

Declaration

I agree to attend all training sessions and complete the training programme; I confirm that I am able to meet the clinical requirements for the record of competence. I agree to my employer receiving updates on my progress on the course. Failure to complete the full course and sit the examination will result in a claw back of training fees which I agree to pay (for funded places)

Signature of candidate: Date:

GDC Registration Number

Please note; Your GDC registration may be at risk if you knowingly make a false declaration.

Employer Declaration

This training is part of the practice development plan and as the employer I agree to the following:

- The candidate will be released from work for timetabled activity sessions.
- The candidate will be able to fulfil the clinical requirements of the record of competence
- I agree to validate the evidence required for the competences for the record of competence

Employers Signature: Date:

GDC Registration Number

Please note; Your GDC registration may be at risk if you knowingly make a false declaration.

The Central Manchester School for Dental Care Professionals has a progress monitoring policy for all students. Employers will be kept updated on the progress of the students throughout the duration of the course

Data Protection

The Central Manchester University Hospitals NHS Foundation Trust's School for Dental Professionals needs to collect and use data about you, including name, address, date of birth and other demographic information for student administration purposes. In collecting and using data the School must comply with the requirements of the Data Protection Act 1998, which governs the processing of personal data, and will ensure that your information remains secure and confidential at all times.

Depending on the nature of your course, we share this information with educational and governing bodies including Apprenticeship Certification England (ACE), City & Guilds, and The National Examination Board for Dental Nurses (NEBDN) and The Royal College of Surgeons of Edinburgh for the registration of qualifications and awards. We also share information with Health Education England and Skills for Health to ensure the School receives appropriate funding.

See our detailed Privacy Notice at www.mft.nhs.uk for more information.

Please tick the box to confirm that you have read, agreed and understood our data usage

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Successful candidates will be required to attend an informal interview; the details of the interview will be forwarded on receipt of the application form.

CHECKLIST to candidate application

Please ensure you have included the following with your application:

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| Fully completed application form | <input type="checkbox"/> |
| Copy of Dental Nursing Certificate | <input type="checkbox"/> |
| Copy of GDC Registration Certificate | <input type="checkbox"/> |
| Copy of your original certificate in English Language if available | <input type="checkbox"/> |
| Copy of proof of your change of status name
(if applicable) | <input type="checkbox"/> |