

# NATIONAL EXAMINING BOARD FOR DENTAL NURSES

## Candidate Registration Form (CRF)

Please use this form to register your candidate with us for their target qualification and to provisionally enter them for their target examination date. Please use the Notes for Completion on the reverse of this form.

Section 1: Examination details	
Target qualification:	Certificate in Dental Radiography
Target examination date:	14 <sup>th</sup> September 2018
Please tell us your preferred examination centre location – refer to the list of centre codes in the Notes for Completion:	
First choice centre code:	Second choice centre code:

Section 2: Candidate details		
Post-registration candidates only:	NEBDN No <i>(if applicable)</i>	GDC No <i>(attach copy certificate)</i>
Title <i>(please circle)</i>	Mr / Mrs / Miss / Ms / Other <i>(specify)</i>	Date of Birth
First name(s)		
Surname		
Address		
	Town	County
Postcode		Telephone number
Email address		
Candidate signature		Date

Section 3: Course Provider details <i>(to be completed by course provider)</i>							
Centre number	N	E	0	5	1	3	1
Course provider name	Wakefield College (York)						
Contact name	Jayne Smart				Position Lecturer		
Telephone number	01924 789291		Email <a href="mailto:j.smart@wakefield.ac.uk">j.smart@wakefield.ac.uk</a>				
Signature				GDC No 117324 <i>(if applicable)</i>		Date 11/1/16	

Please post your completed CRFs with your Invoice Request Form to:  
Customer Support, NEBDN, 110 London Street, Fleetwood, FY7 6EU  
or scan and email to [customersupport@nebdn.org](mailto:customersupport@nebdn.org)

For NEBDN use only	
Checked and processed by	Date