

COURSE APPLICATION

Applicant information

Full Name

GDC Number

D.O.B.

Company Name

Home Address

Company Address

Personal Email

Company Email

Mobile

Work Tel

Next of Kin

Course Applied for

Diploma in Dental Nursing

Topical Fluoride Application (Online)

Certificate in Oral Health Education

Supervising Clinician/Mentor

Please provide the details of the Mentor

Full Name

GDC Number

Are you planning to or currently taking any other studies during the course?

Yes No If yes, Please list

This course requires the use of a computer. (Full use for online courses).

You will need to be able to upload/download files/documents. Do you feel confident to do this?

Yes No Comments

Diploma in dental nursing only

Do you need extra time in lectures/examinations due to specific learning needs?

Yes No If yes, Please enclose a report for us to send to the NEBDN to apply for extra Examination time

Your Information

Dental Nurse Training collects personal information when you register for a place on our training courses and use this information to provide the services requested. This information is shared with the NEBDN for the purpose of providing accredited courses. For more information explaining how we use your information please see our privacy policy.

Applicant:

Signed:

Date:

Supervising Clinician: Supervising clinician declaration: I take overall responsibility to supervise the named student throughout their studies and to guide them through all aspects of their training, other GDC registrants in our setting may also supervise the student but I understand that I have overall responsibility.

Signed

Date

To be completed by person authorising payment: I agree to pay £100 deposit at the time of application and I understand this is **non-refundable** as it secures a place on the course applied for. This will be deducted from the total course fee.

- I have enclosed a cheque for £100 made payable to Pinhoe Dental Centre LTD
 I have made a BACS transfer for £100 to Account: 10174395 Sort code: 16 19 25

Signed:

Print Name:

Date:

We would like to send you information about our courses via email.
If you agree to be contacted in this way, please tick the box below

I agree

Please return application forms to: info@dentalnurse.training or post to Course Administrator, Pinhoe Dental Centre, 402 Pinhoe Road, Exeter, EX4 8EH