

## 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

Certificate in Oral Health Education (Online)

### Supervising Clinician/Mentor

Please provide the details of the Mentor

Full Name

Mentor Email

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

### 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 £185 deposit for the Diploma in Dental Nursing course 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.

All online courses have to be paid in full with the course application form.

- I have enclosed a cheque for £185 (or the full course fee for online courses) made payable to Dental Nurse Training Ltd
- I have made an electronic transfer for £185 (or the full course fee for online courses) to **Account: 21339883 Sort code: 60-83-71**

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](mailto:info@dentalnurse.training) or post to:

Dental Nurse Training  
402 Pinhoe Road  
Exeter, EX4 8EH