



# Checklist & Declaration

You **must** send this form with your record of experience portfolio.

All boxes must be ticked and you must sign this form.

**Failure to do so will delay the marking of your course work.**

Full Name

GDC Number

I confirm I have:

- Completed Activity 1 Module 1
- Completed Activity 2 Module 2

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I enclose:

A **copy** of my completed portfolio including page 1, the PDP and photographs

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I confirm I have read and understand the GDC Standards

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I confirm I have read and understand the Scope of Practice guide for dental nurses

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I confirm my ROE to be a true and honest account of my training experience

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Signed by applicant \_\_\_\_\_

Date \_\_\_\_\_

Dental Nurse Network