Course Application Form

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| Personal Details: |
| Full Name |  |
| GDC Number (if applicable) |  |
| Email  |  |
| Mobile |  |
| Home address |  |
| Employment Details: |
| Employer Name |  |
| Work telephone |  |
| Work address |  |
| Henry Schein account number (if applicable) |  |
| Course Details: |
| Course date |  |
| **Distance Learning**Please underline the course you are applying for. | Clinical  |
| Fluoride Varnish ApplicationInfection Control LeadLead (Head) Dental NursingImpression-TakingPlaque Indices |
| Non-Clinical – Suitable for all dental team members |
| Introduction to Dental Practice ManagementDental Reception |
| **Classroom Learning**Please underline the course you are applying for. | Clinical – You must be GDC-registered |
| Fluoride Varnish Application and Plaque Indices (Plaque Scoring)Impression-Taking BeginnersAdvanced Impression-Taking |
| Non-Clinical – Suitable for all dental team members |
| Introduction to Dental Practice ManagementDental Reception |

Please ensure you have read all the course information before submitting an application form.