Full Accredited NEBDN National Diploma in Dental Nursing

*Please ensure you complete this form in full. Please underline where appropriate.*

| **Personal Information** | | | |
| --- | --- | --- | --- |
| Full Name |  | | |
| Date of Birth |  | | |
| Email |  | | |
| Address |  | | |
| Contact number |  | | |
| Employment Status | Full-time | Part-time (Please confirm number of hours) | |
| Do you have GCSE in English or Equivalent Functional Skills C or above? (If not, we will need to do a formal initial assessment for literacy. | Yes | No | |
| Special learning requirements.  Do you have any special learning needs? Will you require extra time for examinations? |  | | |
| Do you have any health conditions that may affect you or your patient or that mean you will require reasonable adjustment to ensure you can complete the course? | Yes | | No |
| If yes, please provide further information. |  | | |
| Hepatitis B vaccination | Sero-converted | Non-responder | Undergoing programme at present |
| Do you have a DBS certificate at your current practice? This is required in order for you to register with the GDC. Please email a copy with this application. | Yes | | No |
| **Current Employment Information** | | | |
| Practice Name |  | | |
| Practice Manager |  | | |
| Practice Address |  | | |
| Practice Email |  | | |
| Practice Number |  | | |
| **Witness Details** | | | |
| Full Name |  | | |
| GDC Number |  | | |

| **Commitment to the Course** | | |
| --- | --- | --- |
| Please confirm you are aware you must have access to a computer and internet access to view the online tutorials/video recordings. | Yes | No |
| As this course is online, do you believe you are capable of self-directed learning? | Yes | No |
| Out of 10, what rating would you give your motivation to learn online? | 1 – Unmotivated  5 – Moderately motivated  10 – Extremely motivated | |
| Have you considered how you will meet the online learning requirements and make time to complete your Record of Experience? | When will you make time to study online?  Do you have printing facilities? | |

| **Education**  Please list any courses you have taken or qualifications you have gained in the last 3–5 years. | **Employment**  Please list any employment history from the last 3–5 years. |
| --- | --- |
|  |  |

**Declaration**

I understand that by emailing this form, I declare I have completed this application truthfully and to the best of my ability. I understand that Dental Nurse Network may need to verify information, and I consent to them contacting myself or my current employer.

Signature:

**Date:**

**Initials:**

Please email to [info@dentalnursenetwork.com](mailto:info@dentalnursenetwork.com). We will be in contact regarding the next stage of the enrolment process.