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 – Unmotivated5 – Moderately motivated10 – 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. |
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**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. We will be in contact regarding the next stage of the enrolment process.