

**HEKSS Scope of Practice Course
Application of Fluoride Varnish for Registered
Dental Nurses**



APPLICATION FORM

**Application of Fluoride Varnish
15th, 22nd, 29th April 2015 and 22nd July 2015**

Please complete in black ink and block capitals

Title Mr / Miss / Mrs / Ms /other..... (please delete as appropriate)

First Name

Surname

GDC Number.....

Pre 2008 qualification Post 2008 qualification

Signature of Applicant.....

Applicant's Home Address

.....

Post Code

Tel No Mobile No

Email

Applicant's Practice Name

Applicant's Practice Address

.....

Post Code

Tel No Fax No

Email Address

Name of Supervising Dentist willing to supervise your Scope of Practice Training in the workplace.....

GDC Number..... Signature of Supervising Dentist

Do you foresee any problems in completing your Scope of Practice Logbook comprising ten patients?

Yes/ No (delete as appropriate)

If yes, please state why

.....

I enclose a cheque for £75.00 (NHS) for course fee made payable to **HEALTH EDUCATION ENGLAND**.

You will also need to return:

- a copy of your GDC registration certificate
- a copy of your proof of name change (if applicable)
- a copy of your indemnity policy
- DBS/CRB confirmation
- Evidence of recent BLS and Infection Control CPD (within last 12 months)
- a current CV
- a passport sized photo

The fees paid will secure your place on the course (subject to availability) and enable HEKSS to make available to you the required resources for this Scope of practice course.

Following receipt of your acceptance letter for this Scope Of Practice Course, the fees will be non-refundable

Monitoring: The HEKSS training Centre has an Equal Opportunities Policy and we need to monitor how this was implemented. Completing this section is not compulsory; however it would be helpful to us if you would.

I am agreeable to this information being entered onto a database and the information.

<u>Gender</u>		<u>Work Hours</u>	
Female	<input type="checkbox"/>	Full Time	<input type="checkbox"/>
Male	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
		Job Share	<input type="checkbox"/>
<u>Job</u>			
Permanent	<input type="checkbox"/>		
Temporary	<input type="checkbox"/>		
Casual	<input type="checkbox"/>		
Voluntary	<input type="checkbox"/>		
<u>Ethnic Origin</u>			
<u>White</u>		<u>Mixed Heritage/Ethnic Group</u>	
British (23)	<input type="checkbox"/>	White & Black Caribbean (21)	<input type="checkbox"/>
Irish (24)	<input type="checkbox"/>	White & Black African (20)	<input type="checkbox"/>
Other white background (25)	<input type="checkbox"/>	White & Asian (19)	<input type="checkbox"/>
		Other mixed background (22)	<input type="checkbox"/>
		Chinese (18)	<input type="checkbox"/>
		Any Other (98)	<input type="checkbox"/>
		Other mixed heritage background (22)	<input type="checkbox"/>
<u>Asian or Asian British</u>			
Indian (12)	<input type="checkbox"/>		
Pakistani (13)	<input type="checkbox"/>		
Bangladeshi (11)	<input type="checkbox"/>		
Other Asian background (14)	<input type="checkbox"/>		
<u>Black or Black British</u>			
Caribbean (16)	<input type="checkbox"/>		
African (15)	<input type="checkbox"/>		
Other black background (17)	<input type="checkbox"/>		
<u>Medical Disability</u>		<u>Learning Disability</u>	
Do you consider yourself to have a disability?		Do you consider yourself to have a learning disability?	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, please give details:		If so, please give details:	
Would you like to be included in our mailing list?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

Please return this form with your cheque and invoice booking form to:

DGP Workforce Transformation Officer, HEKSS, Dental Department,
7 Bermondsey Street, London, SE1 2DD.

Closing date for application is Friday 20th March 2015