

**APPLICATION FORM – Live online**

**National Diploma for Dental Nurses Level 3 NEBDN**

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Title** |  |
| **First names** |  |
| **Preferred name** |  | **Sex (M/F)** |  |
| **Date of Birth** |  | **Age** |  |

**HOME ADDRESS**

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| --- |
|  |
|  |
| **Postcode** | **Length of time at this address** |
| **Tel No evening** | **Tel No Daytime** |
| **Mobile** |
| **E-mail** |

**PERSON TO CONTACT IN EVENT OF EMERGENCY**

|  |  |
| --- | --- |
| **Name:****Relationship to you:** | **Tel No Daytime** |
| **Tel No Evening** |

**RESIDENCY**

**SECTION A**

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| --- | --- | --- |
| **Country of Birth** | **Nationality** | **National Insurance No** |
| **What country or countries have you lived in the last 3 years?** |

**Please circle your ethnicity code on the list below.**

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| --- | --- |
| **CODE** | **ETHNIC GROUP** |
| **11** | Asian or Asian British - Bangladeshi |
| **12** | Asian or Asian British - Indian |
| **13** | Asian or Asian British - Pakistani |
| **14** | Asian or Asian British – any other Asian background |
| **15** | Black or Black British - African |
| **16** | Black or Black British - Caribbean |
| **17** | Black or Black British – any other Black background |
| **18** | Chinese |
| **19** | Mixed – White and Asian |
| **20** | Mixed – White and Black African |
| **21** | Mixed – White and Black Caribbean |
| **22** | Mixed – any other Mixed background |
| **23** | White – British |
| **24** | White – Irish |
| **25** | White – any other White background |
| **98** | Any other |

**If you were born outside the UK, please complete Section B.**

**SECTION B**

|  |  |
| --- | --- |
| **Please give date of arrival in the UK (DD/MM/YYYY)** |  |
| **What is your current visa/passport status****Asylum Seeker Refugee Visitor’s Visa****Work Permit Student’s Visa For permanent****Other EU passport**  |
| **Are there any restrictions or limitations on your stay in the UK? If yes, please give details.** |  |
| **Passport reference number:** |
| **Issue date** |  | **Expiry date** |  |

**PERSONAL STATUS**

**Are you: (Please tick only 1 box)**

|  |  |  |  |
| --- | --- | --- | --- |
| Single – living with parents |  | **Divorced or separated - no children** |  |
| Single – living alone (or share flat) |  | Divorced or separated – living with children |  |
| Married or living with partner – no children |  | Any other (Please specify below) |  |
| Married or living with partner - with children |  | **Number of dependents** |  |

**If there is any further information you may wish to give about your personal status that may affect your course please do so here:**

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**QUALIFICATIONS**

**Please provide us with a full list of the qualifications that you have attained;**

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| --- | --- | --- |
| **Name of qualification** | **Grade/ level** | **Year obtained** |
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**EMPLOYMENT DETAILS**

**Have you had experience as a dental nurse? Yes / No……..…years ………months**

**Are you currently employed as a dental nurse? Yes / No Part-time / Full time**

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| --- |
| **Name of Practice / Current employer** |
| **Address** |
| **Postcode** | **Tel No** |
| **Contact Person** | **No of Employees** |
| **Practice email address** |

**EMPLOYMENT HISTORY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & Address of Previous and present Employer(s) & Nature of Business(Starting with the most recent) | Position Held | FromMonth /Year | ToMonth / Year | Final Salary at Each Appointment | Reasons for leaving |
|  |  |  |  |  |  |
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**MEDICAL DETAILS**

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| --- | --- |
| **Do you suffer from any medical conditions?****(If yes, please give details)** | **Yes / No** |
| **Are you taking any medication?****(If yes, please give details)** | **Yes / No** |
| **Are you allergic to anything?** | **Yes/No** |
| **Have you had a Hepatitis B vaccination, if so when is your booster due?** | **Yes / No****Booster due …** |

**Do you consider yourself to have any learning difficulties? (If yes, please give details) Yes No**

**Do you have a criminal record? Yes No**

**How did you hear about SmileWisdom?**

What are your reasons for wanting to do this course?

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**In no less than 100 words, please tell us about yourself and why you want to be a dental nurse. You should include strengths and weaknesses, difficulties you may have and how you feel you can contribute to this course and the dental profession.**

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By signing this application form below, you confirmed that you have read and agreed to the Term & Conditions for the NEBDN National Diploma in Dental Nurses Level 3.

Link: to Terms and Conditions : [T&Cs](https://www.smilewisdom.co.uk/tcs/) .

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Type name as signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission Director/ Director

 Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_