

## APPLICATION FORM

### COURSE DETAILS

Please tick against your preferred course you are applying for.

<b>National Diploma for Dental Nurses</b>	
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### PERSONAL DETAILS

<b>Surname</b>		<b>Title</b>	
<b>First names</b>			
<b>Preferred name</b>		<b>Sex (M/F)</b>	
<b>Date of Birth</b>		<b>Age</b>	

### HOME ADDRESS

<b>Postcode</b>	<b>Length of time at this address</b>
<b>Tel No evening</b>	<b>Tel No Daytime</b>
<b>Mobile</b>	
<b>E-mail</b>	

**PERSON TO CONTACT IN EVENT OF EMERGENCY**

<b>Name:</b>	<b>Tel No Daytime</b>
	<b>Tel No Evening</b>
<b>Relationship to you:</b>	

**RESIDENCY**

**SECTION A**

<b>Country of Birth</b>	<b>Nationality</b>	<b>National Insurance No</b>
<b>What country or countries have you lived in the last 3 years?</b>		

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

<b>CODE</b>	<b>ETHNIC GROUP</b>
<b>11</b>	Asian or Asian British - Bangladeshi
<b>12</b>	Asian or Asian British - Indian
<b>13</b>	Asian or Asian British - Pakistani
<b>14</b>	Asian or Asian British – any other Asian background
<b>15</b>	Black or Black British - African
<b>16</b>	Black or Black British - Caribbean
<b>17</b>	Black or Black British – any other Black background
<b>18</b>	Chinese
<b>19</b>	Mixed – White and Asian
<b>20</b>	Mixed – White and Black African
<b>21</b>	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	<input type="checkbox"/>	Refugee <input type="checkbox"/>
		Visitor's Visa <input type="checkbox"/>
Work Permit	<input type="checkbox"/>	Student's Visa <input type="checkbox"/>
		For permanent <input type="checkbox"/>
Other	<input type="checkbox"/>	EU passport <input type="checkbox"/>
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;

Name of qualification	Grade/ level	Year obtained

**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

<b>Name of Practice / Current employer</b>	
<b>Address</b>	
<b>Postcode</b>	<b>Tel No</b>
<b>Contact Person</b>	<b>No of Employees</b>
<b>Practice email address</b>	

**EMPLOYMENT HISTORY**

Name & Address of Previous and present Employer(s) & Nature of Business (Starting with the most recent)	Position Held	From Month /Year	To Month / Year	Final Salary at Each Appointment	Reasons for leaving

## MEDICAL DETAILS

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?

**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.**

**SmileWisdom Dental Recruitment & Training will:**

1. Give you free information and advice about the training we offer
2. Refer you to another service if we are not able to help you
3. Assess your training needs and agree how we will meet them
4. Develop an Individual Learning Plan with you that has clear goals and targets and meets your aspirations
5. Give you regular feedback about the progress you are making
6. Give you on-going advice and support to help you complete your training successfully
7. Give you regular opportunities to give us feedback about all aspects of your training
8. Work with your employers and placement providers to make sure you receive effective training and support from them
9. Make sure you are treated courteously, fairly and with respect by everyone involved in your training
10. Make sure that training and assessment activities are carried out in a safe environment

**You will:**

1. Follow all the rules and regulations in your Terms & conditions
2. Be polite and respectful to other learners and T&TB Dental staff and comply with our Equal Opportunities Policy at all times
3. Let a member of staff know if you feel you have been treated unfairly or have been bullied and harassed whilst on your training programme
4. Attend all your training and assessment sessions on time
5. Work hard to achieve your goals and targets
6. Complete all your work and sit any tests or examinations agreed.
7. Let us know if your circumstances change or you need to update any of the information on your Individual Learning Plan
8. Let us know if you are not happy with any part of your training or your treatment on your course by using our Complaints Procedure
9. Be careful not to cause harm to others through reckless or careless behaviour and report any hazards you come across either at the Training Centre or in your place of work



**Finance**

**National Diploma in Dental Nursing**

Payment for the course will be £1485.00 Including VAT + Exam Fee of £485.00

Please note, if you leave the course early, no refund will be given.

**DON'T MISS OUT ON RECEIVING OUR EMAILS!**

**New EU regulations mean that we need your permission to continue to contact you via email with offers and discounts, course updates and general information from SmileWisdom. That's why we're contacting you now, to ask you to confirm that you still want to hear from us.**



By signing you are granting us permission to email you. You can revoke the permission to mail to your email address at any time by contacting us on [training@smilewisdom.co.uk](mailto:training@smilewisdom.co.uk)

If you don't take any action after 25<sup>th</sup> May 2018 when the regulations come into effect you will no longer receive our emails, offers, course details update and discounts, etc.

We really appreciate your business and value you as an email subscriber.

SmileWisdom Ltd

Name.....

Signature.....

Date.....

**Learner Training Agreement – To be completed by SmileWisdom Dental Enrolment team Only**

C.V.	Lit results	Num results	Dental Assessment results	Original Passport seen	Visa/Home Office/ARC and AS Evidence (for 3yrs prior to relevant date – 1 Jan, 1 Apr, 1 Jul, 1Sep)	

Hep B recommendations	Course Accepted on	Payment
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Start date	Expected end date	No of THours	Average wkly PHourse

Information advice and guidance;

Suitability and/or support needed to do the course:

Course start date and letter given:

	Learner dbse	Course payment	IA Results table	Register/attendance	Letter & SOW to employer

Completed					

Training Manager's Signature:

Date: