



APPLICATION FORM

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

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

PERSON TO CONTACT IN EVENT OF EMERGENCY

Name:	Tel No Daytime
	Tel No Evening
Relationship to you:	

Registered in England & Wales: 10621593

Registered Address: C/o Blick Rothenberg 7-10 Chandos St. London W1G 9DQ

Directors: E Assaker & M Hutter

Revised 9th April 2019 b

RESIDENCY**SECTION A**

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.

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

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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"/>
Work Permit	<input type="checkbox"/>	Student's Visa	<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	<input type="checkbox"/>	Divorced or separated - no children	<input type="checkbox"/>
Single – living alone (or share flat)	<input type="checkbox"/>	Divorced or separated – living with children	<input type="checkbox"/>
Married or living with partner – no children	<input type="checkbox"/>	Any other (Please specify below)	<input type="checkbox"/>
Married or living with partner - with children	<input type="checkbox"/>	Number of dependents	<input type="checkbox"/>

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.....yearsmonths

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

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	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 Academy of Dentistry and Dental Nursing 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 the student will:

1. Follow all the rules and regulations in your Terms & conditions
2. Be polite and respectful to other learners and SmileWisdom 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
10. Pay course fees on time

Finance: NEBDN Level 3 National Diploma in Dental Nursing

1. **The SmileWisdom fee for the course is £1,695.00 (including VAT).**
2. **The NEBDN (current) Exam fee of £485.00 and is in addition to the SmileWisdom fee.**
3. **The SmileWisdom deposit is not refundable, nor transferable nor exchangeable.**
4. **The total course fee or £1,695.00 (including VAT) is payable should you leave the course at anytime, less any amount already paid.**
5. **If your course is completed, yet you continue to attend the lessons for any reason the monthly/weekly fees will continue.**
6. **Should you decide to move to another Cohort, i.e., a different time or day, there will be a fee of £99.00.**
7. **Fees are payable at the end of the calendar month. A late payment fee of £5 (incl. Vat) per week or part week, will apply from the 1st of the flowing month.**

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. Don't miss out on our emails and communications. By signing this Agreement 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

Your information may be shared with third party organisation and your employing dental practice, and in particular the NEBDN (National Examining Board for Dental Nurses)

Our data protection and privacy policy can we found at:

<http://www.smilewisdom.co.uk/gdpr-2/>

Student's Name: _____

Signed: _____

Date: _____

Admission Director/ Director

Signed: _____

Date: _____