



**Dental Nurse (GDC 2023) ST1431 Apprenticeship Standard
City & Guilds Level 3 Dental Nursing Practitioner Advanced
Apprenticeship (Diploma) (5238 – 33)
Application Form**

Tel: 0161 272 5670

Surname

Mr/Ms/Mrs/Miss

[illegible]

First name(s)

Date of Birth

[illegible]

Postal address

[illegible][illegible]

Post code:

[illegible]

Mobile telephone number

[illegible]

Email address:

[illegible]

Are you UK/EC/EEA Citizen with Right to work in the UK Yes ☐ No ☐

Have you been a resident in the UK for the last 3 years? Yes ☐ No ☐

Are you employed? Yes ☐ No ☐ If Yes, what is your job title?

Are you in receipt of any other government funded training? Yes ☐ No ☐

No If yes, please state which training course you are attending.

Qualifications and Grades

Qualification	Example GCSE/Functional Skills	Grade/Level	Year attained
English Language			
Mathematics			
Other Qualifications			

**You are required to produce the original certificates you have listed at interview.
You will also be required to undertake an initial assessment in maths and English as part of the funding requirements prior to being offered a place on the programme as an apprentice.**

Qualifications attained outside of the United Kingdom (UK), the candidate must contact 'The National Recognition Information Centre for the United Kingdom (NARIC)' and request to have their qualification equivalencies formally listed. This list must be presented to the document checker prior to interview.

Employment History

Job title	Name and address of employer	Full/part time	Start date	End date

Personal Statement

Please give details of why you are applying for this course. What skills and experiences could you bring to the role of an Apprentice Dental Nurse?

Dental Practice & Employer Details

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Length of employment in current dental practice_____

Number of clinical hours in current dental practice_____

Equal Opportunities

The School of Dental Care Professionals is committed to the Equal Opportunities Policy.

Do you consider yourself to have a disability?

9

5

If yes, please give brief details

Please state the nature of any health problem or learning difficulty you have and how it affects your day-to-day activity

Please inform us of any additional learning support requirements

Declaration

I declare that the information on this form is correct.

I understand that any offer of a place is subject to my acceptance by The School for Dental Care Professionals terms and conditions.

I accept that if I do not fully comply with these requirements, The School for Dental Care Professionals reserves the right to cancel my application.

Applicant's signature:

Date:

Advertisement - Where did you see this vacancy advertised?

- ☐ School of Dental Care Professionals (DCP) Website
- ☐ Search Engine
- ☐ Recruitment fair
- ☐ Telephone enquiry with the DCP School
- ☐ Word of mouth
- ☐ Jobcentre Plus

☐ Recommendation by _____

☐ Dental Practice- *name of practice* _____

☐ Other Website _____

☐ Other, please state _____

General Data Protection Regulations (GDPR)

The Manchester University NHS Foundation Trust (MFT), School for Dental Professionals needs to collect and use data about you, including name, address, date of birth and other demographic information for student administration purposes. In collecting and using data the School must comply with the European arrangements of the General Data Protection Regulation (GDPR) of May 2018.

Depending on the nature of your course we share this information with educational and governing bodies. These may include the relevant funding agencies, City & Guilds, The National Examining Board for Dental Nurses (NEBDN) and/or The Royal College of Surgeons of Edinburgh for the registration of qualifications and awards. We also share information with NHS England (NHSE), (if applicable) to ensure the School receives appropriate funding.

MFT are registered with the Information Commissioners Office (ICO), registration number ZA 282424.

Please tick the box and sign and date to confirm that you have read, agreed and understood our data usage

☐

Applicant's signature:

Date: