

CHOPRA & ASSOCIATES

Dental Surgeries



COURSE APPLICATION FORMS AND LEARNING AGREEMENT

A. Course Details

National Examining Board for Dental Nurses (NEBDN) Accredited Training Course (Provider No SE02512)
Current course flyer attached – giving full details of current course

Please make sure you thoroughly read this application form prior to attempting to complete –
Please ensure that you complete in BLACK ink and in CAPITAL LETTERS

B. Applicants Personal Details

Surname		First name(s)	
Preferred first name		Previous name (if applicable)	
Title (Mr/Mrs/Miss/Other)	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth (dd/mm/yy)		National Insurance Number	
Age (in years) at date of application			
Permanent address			
Town	County	Postcode	
Home telephone no		Mobile telephone no	
Email address			
Do you have any criminal convictions – this information will only be used for the purpose of the course provider determining suitability & fitness for the course, and the managing and maintaining a safe environment		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please give full details
Do you have a current CRB certificate		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please enclose a copy
Have you had a personnel risk assessment carried out by your practice		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please enclose a copy

Please give details below of the person that we should contact in an emergency (e.g. if you are taken ill while on the course)

Full name and relationship to you	Tel no(s)
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Which of the following would best describe your ethnic origin? *please tick as appropriate to help us monitor equal opportunities.*

- | | | | | |
|---|---|---|--|---|
| <i>Asian or Asian British</i> | <i>Black or Black British</i> | <i>Mixed</i> | <i>White</i> | <i>Chinese or other</i> |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> African | <input type="checkbox"/> White and Asian | <input type="checkbox"/> British | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Irish | <input type="checkbox"/> Any other |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other Black background | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Any other White | <input type="checkbox"/> Not known / not provided |
| <input type="checkbox"/> Any other Asian background | | <input type="checkbox"/> Any other Mixed background | | |

C. Additional details

Please tell us your nationality (e.g. British)	
In which country (or countries) have you been ordinarily resident during the previous 3 years	
If you are not a European Union (EU) national when did your residency in England begin (dd/mm/yy)	
Do you have a time limit on your stay in the UK? Not applicable to British, EEA or Swiss Nationals	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you ticked 'yes' for the previous question please give the date your leave to remain in the UK expires (dd/mm/yy) – you must also provide a full copy of your passport status pages	Copy enclosed <input type="checkbox"/>

D. Learning Support and Wellbeing

Chopra & Associates are committed to meeting the requirements of people with learning difficulties, disabilities and / or health problems and offers guidance on obtaining outside assistance. Please help us to support you by completing the following section. Any disclosure you make will be used only to help us offer the appropriate support. All information will be kept in the strictest confidence.

Do you consider yourself to have	Dyslexia <input type="checkbox"/>	A hearing impairment <input type="checkbox"/>	A mental health illness <input type="checkbox"/>
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Do you consider yourself to have a learning difficulty, disability and / or health problem? please tick all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Profound complex disabilities | <input type="checkbox"/> Other specific learning difficulties |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Aspergers syndrome | <input type="checkbox"/> Autism spectrum disorder |
| <input type="checkbox"/> Other physical disability | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Multiple learning difficulties |
| <input type="checkbox"/> Other medical conditions (e.g. epilepsy) | <input type="checkbox"/> Moderate learning difficulties | <input type="checkbox"/> Other please specify below |
| <input type="checkbox"/> Emotional / behavioural difficulties | <input type="checkbox"/> Severe learning difficulties | |
| <input type="checkbox"/> Temporary disability after illness / accident | <input type="checkbox"/> Dyscalculia | |

Would you like us to suggest additional learning providers prior to commencing the course

Yes No

If you require Learning Support – the Chopra & Associates will endeavor to assist students in accessing appropriate assistance

E. Employment details

Please supply the details of your current employer

Practice Name					
Principals Name		Contact telephone no			
Email address					
Managers Name		Contact telephone no			
Email address					
Practice address					
Town		County		Postcode	

For the duration of this course you are required to have a GDC Registered Dental Surgeon as your mentor, please provide their full details below

Mentors Name		Contact telephone no	
Email address		GDC No	

Your mentor will be required to sign below to acknowledge their responsibility and confirm their support towards your training whilst you are on this course (as per CQC Outcome 14 Ensure that staff are properly trained, supervised and appraised).

Mentor's Signature		Date signed	
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F. Prior Attainment Level and Qualifications

Please list the qualifications you have before the start of the course. Continue on a separate sheet if necessary.

Qualification (e.g. GCSE)	Awarding Body (e.g. Edexcel)	Subject (e.g. English Literature)	Result / Grade	Date Achieved

Please also include a current up to date CV with this application form

G. Data Protection

- Chopra & Associates are registered with the Data Protection Agency. Your employer / mentor /the Course Provider and the NEBDN will have access to your records.
- We request that all of our students and their mentor's treat all of Chopra & Associates company information with the strictest professional and confidential manner at all times.
- Students have the right to access to records and information under 'Freedom of Information Act'. Please put any request for this in writing.
- At no time will your information be passed to any third party for marketing or sales purposes

H. Declaration

- I confirm that all the information given is correct and agree that it can be held in accordance with Data Protection Act 1998 as stated above
- I have received advice, guidance and full information on the course details above
- I have read and understood and will abide by Chopra & Associates Terms and Conditions of this course

Students signature		Dated	
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I. Payment of course fees

NEBDN National Certificate (£695.00) this does not include any NEBDN Examination Fees – payable separately upon application

Course Lesson Location	'Sutton House' 5 London Road Sittingbourne Kent ME10 1NQ
As this is a rolling programme, please indicate the date you wish to commence your training with Chopra & Associates (dd/mm/yy)	

Please provide the details of whom is funding this course and whom the invoice is to be made out to

Surname		First name(s)	
Address			
Town		County	
		Postcode	
Home telephone no		Mobile telephone no	
Email address			
Relationship to you			
Please enclose a cheque made payable to Miss Monica Morrison for the total amount of £695.00			
Cheque Number		Issues By	

J. Course Provider Notes

Cheque cleared on	Invoice and Confirmation Sent on	Queries
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