# Formal expression of interest for Level 2 complexity care training programme for Special Care Dentistry

**Please send to** **rachel.miller36@hee.nhs.uk** **by 5pm on 14 March 2025.**

**Please keep in word format so the forms can be anonymised prior to sending to assessors**

**Please highlight if applying for CDS place, GDP place or either (if part time CDS/GDS)**

**CDS GDP Either**

|  |  |
| --- | --- |
| **Geographical Location of your CDS/Practice:** |  |

Delegates must be able to provide evidence of the following to be eligible for a place on the course:

* At least 3-years post qualification
* A commitment or interest to the specialty of special care dentistry
* Performer number
* Evidence of good attendance in practice/training in reference provided
* Be able to travel to placements and study days
* Willing/able to work on portfolio outside of the training sessions

**Personal Information**

|  |  |
| --- | --- |
| **Title** |  |
| **Surname** |  |
| **First name(s)** |  |
| **Home address** |  |
| **Contact telephone number** |  |
| **E-mail address** |  |
| **Main performer address.**  |  |
| **Registration with licensing body****(GDC number and date of initial registration)** |  |
| **Performer Number and date obtained** |  |

**Formal Training and Qualifications**

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| --- | --- | --- | --- | --- | --- |
| **Identify any formal training and qualifications** | **Answer** | **Name and Year of Award** | **Length of Programme** | **Awarding Institution** | **Additional Comments/****Information** |
| **BDS/BChD** | **YES/NO** |  |  |  |  |
| **Postgraduate** **Certificate** | **YES/NO** |  |  |  |  |
| **Postgraduate****Diploma** | **YES/NO** |  |  |  |  |
| **Masters level degree** | **YES/NO** |  |  |  |  |
| **Other** | **YES/NO** |  |  |  |  |

**Other Relevant Postgraduate Education/Training – including sedation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Year**  | **Duration** | **Organising Institution/****Organisation** | **Additional Comments/Information** |
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**General Postgraduate Education/Training including Continuing Professional Development (CPD) over the past 2 Years.**

Complete table below or attach CPD Activity Log

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **CPD Hours** | **Title, provider and content of CPD activity**  | **CPD Provider** | **Brief Overview of Content** |
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**Membership of Professional Bodies**

Please provide details of any relevant or professional registrations or memberships.

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| --- | --- | --- |
| **Professional Body** | **Membership/Registration number** | **Membership start date** |
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**Please also include the following:**

* Curriculum Vitae ( 2 sides of A4 max) to include employment history, audits/service evaluations completed, publications, presentations, prizes.
* Personal statement to include your reasons for interest in the course (1000 words max). Take the opportunity to highlight your commitment to special care dentistry and your particular talents and strengths (what you feel you can personally offer- what is unique to you- what sets you apart from your peers). Also include information on your practical experience to date, the proportion of your working week that is spent treating patients requiring special care services and detail how you will manage your time to complete the portfolio required
* Letter of support from service lead or for GDP applicants, practice principal if applicable.
* Referees. Please supply the names and full contact details of two people who have agreed to supply references. References should, as a minimum, cover your last three years of employment and/or training history. Referees will be required to comment on your competence in special care dentistry, personal qualities and suitability for the training programme.
* **We encourage GDPs to apply and recognise that applicants from CDS and GDS will have different skillsets.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Referee job title** | **Current/Previous employer?****Other?** | **Relationship****e.g line manager, supervisor** | **E-mail** | **Address** | **Telephone Number** |
|  |  |  |  |  |  |  |
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