

Course Enrolment – National Certificate in Dental Nursing

PERSONAL DETAILS			Please write in capitals		
Title	Forename(s)	Surname			
Address					
Town			Post Code		
Home Phone	Mobile	E-mail			
Date of birth		Nationality			
Town & country of origin					
Are you currently working as a dental nurse? Yes/ No. Full-time/ Part-time					
Do you have a criminal record? Yes/ No					
Would you agree to obtain a Criminal Record Check?					

ARE YOU WORKING IN A DENTAL PRACTICE?	
Name of Dental Surgery	Name of Practice Manager
Address	Phone number
Post Code	Fax number

BACKGROUND INFORMATION

Do you have experience working as a dental nurse?

If your answer was yes, how much experience do you have?

Why have you chosen to become a dental nurse?

PREVIOUS EMPLOYMENT IN DATE ORDER

Employer's Name and Address most recent first	Dates		Job title of post held/Grade	Reason for leaving
	To	From		

EDUCATION

Name of School/College/University	From (year) - To (year)	Assessment results/ Certificates obtained

EMPLOYMENT STATUS

Do you have a National Insurance number? Yes/No

If yes, please provide us with your National Insurance number.

If your application is successful you will be asked to provide your original documentation relating to your National Insurance number before you commence work.

Do you require a work permit/visa to work in the UK? Yes/No

If yes, what sort of permit/visa do you require?

Do you currently hold a permit/visa? Yes/No

If yes, please state start and end date of permit

Start _____ End _____

Please state Home Office reference number

EQUAL OPPORTUNITIES – Please tick as applicable

Asian or Asian British - Bangladeshi		Mixed – White and Asian	
Asian or Asian British - Indian		Mixed – White and Black African	
Asian or Asian British - Pakistani		Mixed – White and Black Caribbean	
Asian or Asian British – any other Asian background		Mixed – any other Mixed background	
Black or Black British - African		White – British	
Black or Black British - Caribbean		White – Irish	
Black or Black British – any other Black background		White – any other White background	
Chinese		Any other	

DECLARATION

How did you hear about Wisdom Dental?

Which course are you applying for? National Certificate – Class Tutorial
 National Certificate – Distance Learning

I understand that by signing this form I declare that I have completed this application truthfully and to the best of my ability.

Signature:

Date:

FOR OFFICE USE

Interviewer

Date of interview

Comments