 Dentrain Professionals Ltd

Bridge Place, Rear of 22 Bridge Street

Bolton, BL1 2EA

01204 528652

[info@dentrain.net](mailto:info@dentrain.net)

www.dentrain.co.uk

**‘TOP UP’ FROM AWARD IN IHS OR IV TO CERTIFICATE IN DENTAL SEDATION NURSING Enrolment Form – Correspondence course**

A place will be allocated to you on the next Sedation Nursing course **subject to correct completion of the enrolment form enclosed**, payment and copy of GDC certificate received. You are not considered as being on a waiting list until this is complete.

**You must be registered with the General Dental Council.**

**DO NOT LEAVE ANY BLANK SPACES ON THE FORMS AS THEY WILL BE RETURNED TO YOU!**

Completion of the study programme does not guarantee success in the Sedation Nursing exam although all candidates will be well prepared for the exam beforehand using the NEBDN syllabus. Candidates are presented with a certificate from Dentrain Professionals Ltd on completion of the course work to indicate verifiable CPD hours gained.

**Candidate Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check list to return/do** -**Tick appropriate boxes**

|  |  |  |  |
| --- | --- | --- | --- |
| Completed Enrolment Form / Learning Contract |  | Complete Work place supervisor form |  |
| Copy of GDC Cert (scan & email or post) |  | Initial assessment literacy sheet results signed and dated |  |
| Terms and conditions statement – signed |  | Service Level Agreement signed and dated |  |
| Completed Candidate registration Form NEBDN |  | Training Practice Monitoring Form signed and dated |  |
| £25 surcharge included (if applicable) ***If you are not on mainland UK or within our postcode areas please add £25 to your payment to cover postage costs*** |  | 1 x Cheque for the amount of **£400** made payable to **Dentrain Nat**  OR  BAC’s payment of **£400** : Acc No: **496472066** Sort code: **09 01 27**  *(Please note, if you do not live on UK mainland, there will be a £25 surcharge to cover postage costs).* The course comes with full tutorial support & course materials. |  |
| Do you have an in date Immediate Life Support Certificate or have this booked in time for Record of Competence completion? **Y/N** |  | If you are not able to complete the Immediate Life support Certificate do you require the Management of Airways Certificate for an addition cost of £30? **Y/N** |  |
| I already hold the Award in Inhalation Sedation and include a copy of the NEBDN certificate |  | I already hold the Award in Intravenous Sedation and include a copy of the NEBDN certificate. |  |
| **Office use only** | | | |
| **GDC** |  | Added to database |  |
| **All forms completed** |  | Scanned |  |
| **Paid amount & Date:** |  | **BACS/ CH no & Date** |  |
| **CRF Sent** |  | Pack sent |  |

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**The courses start dates are in mid-March leading to the exam in September (6 months) then again in September, leading to the exam in March.**

You are required to spend at least 3 – 4 hours a week completing the course work. This is the same as if you were going to night school one night a week.

You would gain the Award in IHS, Award in IV or the Certificate in Dental Sedation Nursing, which can be used for dental nurses whom assist and recover patients during dental sedation. You will also be able to claim verifiable CPD hours towards your registration with the GDC.

**Theory** The course follows the syllabus set out by the Exam Board for Dental Nurses. Each week you have a set amount of work to complete, just as you would do at night school. The work is in an easy to follow and understand format & is available on paper. You are allocated a tutor who you can contact if you get stuck or need further clarification on a subject. You send work to your tutor at regular intervals so your tutor can feedback to you on any revision needed. The course material covers the theory section for the exam.

**Practical** As part of the exam you are expected to complete practical tasks in your workplace. Your tutor will help. These tasks are submitted in written form to the examining board before the submission date.

**The course can be completed in 3 ways:**

**1 Award in Inhalation sedation ONLY**

10 IHS treatment cases, 1 IHS Case study Relevant DCO’s and supplementary outcomes.

**2 Award in Intravenous Sedation ONLY**

20 IV treatment cases, 10 IV recovery cases, 1 IV Case study Relevant DCO’s and supplementary outcomes.

**3 Certificate in Dental Sedation Nursing**

10 IHS treatment cases,20 IV treatment cases, 10 IV recovery cases 1 IHS Case study plus 1 IV Case study Relevant DCO’s and supplementary outcomes.

**TOP UP ROUTE**

If you have previously completed an RoC for the Award in Inhalation Sedation or Intravenous sedation AND passed the NEBDN written examination, then you can ‘top up’ this by completing the remaining part of the RoC only. You will NOT need to sit an exam with NEBDN, but will ‘top up’ the Award to the Certificate in Dental Sedation Nursing.

**Enrolment Form / Learning contract**

To complete the enrolment process please check, amend and complete the following information and return to the address on the covering letter. Please also make sure you include the completed section from your work place supervisor and the form for your record of experience.

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Wk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

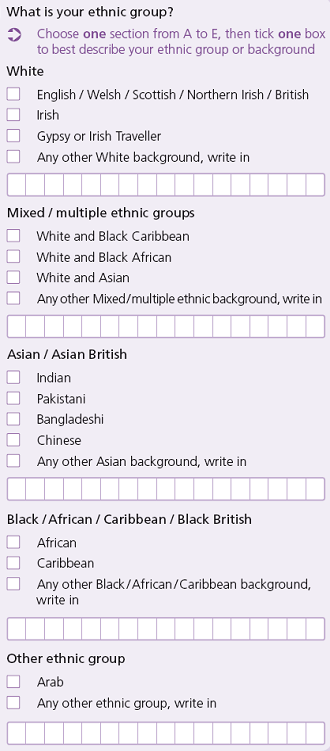
National Insurance No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Please answer as appropriate** | **Y/N** |
| Have you had a CRB/DBS check for your workplace? |  |
| Was the CRB/DBS check acceptable to your employer? |  |
| Have you had the necessary vaccinations to enable you to work in surgery? |  |
| Do you need a visa to remain resident in this country?   *(If yes, we cannot train you as we do not hold a home office license and will not sponsor migrants)* |  |

I agree to submit all work and am willing to spend 3 - 4hours a week of my own time in order to complete the course. **I ALSO AGREE TO COMPLETE MY RoC IN THE 3 MONTH TIME PERIOD ALLOCATED BY THE NEBDN IN ORDER TO SIT MY EXAM ON EXPECTED DATE PROVIDED – ALTERNATIVELY I AGREE TO PAY AN EXTENSION FEE TO DENTRAIN PROFESSIONALS LTD TO EXTEND MY COURSE TO FOLLOWING INTAKE.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GDC Reg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***please include a copy of your GDC certificate***

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**Please note that information provided in this section will NOT affect your application status.**

**To the workplace supervisor (s)**

It is good practice for our Tutors to liaise with you about the progress that your nurse is making with the course and the completion of the portfolio which is carried out at the surgery under your supervision. From time to time, your nurses’ Tutor may wish to contact you. Please complete the form below with your contact details***.***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registered Dentist GDC NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A CRB/DBS check has been carried out on the candidate and I am happy with the outcome. 

I am happy to work with the candidate in surgery 

I have ensured my employee has had the necessary vaccinations to work in surgery 

We comply with the Health & Safety at Work act and follow all safety procedures 

***Please note if any of the boxes above remain un-ticked we can’t allow the candidate onto the training course***

I agree to act as work place supervisor (dentist), supervise and support whilst on course.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The tutor may contact you for an update on work progress whilst the record of experience is being completed.**

**Nursing Manager Supervisor (if applicable)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GDC Reg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to act as work place supervisor (dentist / hygienist)

Signed & date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dentrain Professionals Ltd Privacy Notice**

We process personal data in accordance with the Data Protection Acts of 1984 and 1998 and any other applicable legislation (referred to as the "data protection legislation").

We are registered with the Information Commissioner's Office.

**What information we collect**

We collect general data about you: Name, email address primarily. Then if you enrol on a course we collect further information; address, phone number, mobile number, work place details, date of birth, previous qualifications, etc.

**How information about you will be used**

We collect information about you when you register with us for a course or ask for further information. We may share your information with examining boards and awarding bodies such as, National Examining Board for Dental Nurses, City & Guilds, Qualsafe, Education and Skills Funding Agency, Ofsted and other companies involved with training and funding within our organisation.

We send you information about our services mainly by email. If we need to contact you about a course you have enrolled on then we may contact you by post, telephone, email and SMS. We shall process personal data that is considered to be "sensitive personal data" only in accordance with the requirements of the data protection legislation. You have a right at any time to stop us from contacting you.

If you need any further information please write to us at the address below. We will not disclose any information to any other company except to help prevent fraud, or if required to do so by law.

### Access to your information and correction

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of your personal information, please email; [info@dentrain.net](mailto:info@dentrain.net) . We may make a small charge for this service.

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate.

### Cookies

Cookies are text files placed on your computer to collect standard internet log information and visitor behavior information. This information is used to track visitor use of the website and to compile statistical reports on website activity. For information visit [www.aboutcookies.org or](http://www.aboutcookies.orgor/) [www.allaboutcookies.org.](http://www.allaboutcookies.org/)

You can set your browser not to accept cookies and the above websites tell you how to remove cookies from your browser. However in a few cases some of our website features may not function as a result.

### Changes to our privacy policy

We keep our privacy policy under regular review and we will make regular updates.

This privacy policy was last updated on 28th February 2018

### How to contact us

Please contact us if you have any question s about our privacy policy or information we hold about you:

[info@dentrain.net](mailto:info@dentrain.net)

01204 528652

Dentrain Professionals Ltd, Bridge Place, Bolton, BL1 2EA

## I have read the above privacy notice and give consent for my information to be collected and used as directed above.

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skills Scan for the Record of Competence**

I will be able to gain access to the following types of Sedation in order for me to complete my RoC (please tick as appropriate to the award you are enrolling for:

|  |  |
| --- | --- |
| Intravenous for **Award in IV AND Cert in Dental Sedation Nursing** |  |
| Inhalation for **Award in IHS AND Cert in Dental Sedation Nursing** |  |
| Intravenous and Inhalation for **FULL Certificate in Dental Sedation Nursing** |  |

**Terms & Conditions**

**Refunds**

Once the module has been sent to you no refunds can be given under any circumstances. As with any course, once a candidate has enrolled onto a course, the candidate has been allocated a place that could have been allocated to another candidate. At this late stage, printing materials would have been ordered, and Tutors would have been paid. Please note that once course and exam fees have been paid, there will be no refunds available on the exam fee part as this is paid immediately from ourselves directly to the NEBDN and an exam place will have been allocated per student. This is none negotiable.

**Tutorial**

Dentrain Professionals Ltd has a policy for Tutors not to contact candidates unless they state they wish a courtesy call each month from their Tutor. We have carried out market research which states ‘Students feel unnecessary pressure if Tutors contact them continuously’.

If a candidate requires support it is the candidate’s responsibility to contact the Tutor. If the Tutor is unavailable then a message should be left and the tutor will contact the candidate within 24 hours. The Tutor is there to help the candidate and is therefore strongly recommended to use this support.

**Extending / Leaving / transferring / re-sit**

If you decide not to sit the exam but extend or transfer till the following exam date then you will incur additional tutorial fees. The course can only be extended whilst the RoC is in date (expires after 18months). Following this period, the full course fee will be applicable if you wish to extend again. If you leave the course then re-apply at a later date you will have to pay the full course fee again. Course fees are not transferable to another course or another person.

**Fail exams**

Exam fee payable & 6 month continuation support fee. You can only re-sit while the RoC is in date (18months)

You must be registered with an accredited training provider to enter the exam

**Non Attendance**

If you do not submit any work for 3 consecutive months, your name will be removed from our register and will no longer be on the course.

**CPD**

Completion of the study programme does not guarantee success in the exam although all students are well prepared for the exam beforehand. Students are presented with a certificate from Dentrain Professionals Ltd on completion of the course work to indicate CPD hours gained.

If there is a break between re-sits then the **full** course fee will be payable.

I agree to the terms and conditions above

I agree to the terms and conditions above

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**PLEASE KEEP A COPY OF THIS AGREEMENT**

Data Protection: Personal data supplied by you will be used only for the purposes of administering your application & course, including the transfer of data between home, office, tutor, Exam Board and vice versa. The information provided on these forms is essential to your application.

PLEASE KEEP THIS COPY FOR YOURSELF Initial Assessment - Literacy

To start the course, and to ensure you have a good chance of completing the course, we need to assess your literacy level.

Please go to the website as directed below and complete the online test. When you have completed the test, print the page, sign and date it. Return it along with your enrolment form.

You will be exempt from the assessment if you have one of the following

* GCSE English, grade C or above dated - within the last 5 years
* Level 2 (or above) Skills For Life in Literacy
* Or functional skills

Please forward a photocopy of your certificate when you return the enrolment form.

Go to:

[**http://onscreen.edexcel.com/iat/test.php?test=e**](http://onscreen.edexcel.com/iat/test.php?test=e)



Enter your:

**Name:**

**Centre number:** 035477

**Group Number:** 941-476-691 Press OK

Complete the test

After answering the last question, It will ask you to save a PDF, which can take a few minutes.

Save your results to your computer, attach the document to an email & email to info@dentrain.net OR print a copy & enclose with the enrolment pack

Only print off the front sheet with your results on.

Make sure you have put your name on it!

If you have any problems completing this task please ring: 01204 528652



**Please note: Failing to add on postage could result in further costs outstanding**

**Please check to see if you live in any of the out of area post codes**

*(There will be a £25 surcharge to cover postage costs within the out of area post codes).*

The course comes with full tutorial support & course materials.

**NATIONAL EXAMINING BOARD FOR DENTAL NURSES**

**Candidate Registration Form (CRF) – Post Registration Qualifications**

Please use this form to register your candidate with us for their target qualification and to provisionally enter them for their target examination date. **Please use the Notes for Completion on the reverse of this form.**

|  |  |
| --- | --- |
| **Section 1: Examination details** | |
| Target qualification: |  |
| Target examination date: |  |
| If you wish to apply for a Reasonable Adjustment, please tick the box below and we will email you the Policy and Application Form □ | |
| **Examination Centre**: Please tick below where the candidate will be taking their examination. Please see the notes for completion overleaf in regards to examination centres | |
| Course provider location □ NEBDN’s Manchester centre □ | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Candidate details:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Title (please circle) | Mr / Mrs / Miss / Ms / Other (specify) | | | | | | | | | | | | | | | | | | | | | | | |
| First name(s) |  | | | | | | | | | | | | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address | Town | | | | | | County | | | | | | | | | |  | | | | | | | |
| Postcode |  | | | | | | | | | | Telephone number | | | | | | | | | | | | | |
| Email address – please print clearly, one character per box |  |  |  |  | |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
|  |  |  |  | |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| NEBDN No  (if applicable) | | | | | GDC No  (attach copy certificate) | | | | | | | | | | | | | | | | | | | |
| **Important:** Please refer to the notes overleaf. Please then indicate your preferred method of communication from NEBDN:  Post  Email | | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate signature |  | | | | | | | | | | | | | | | | Date | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3: Course Provider details** (to be completed by the course provider) | | | | | | | | | | | | |
| Centre number | D | L | 0 | | | 1 | | 8 | | 9 | | 2 |
| Course provider name | Dentrain Professionals Ltd | | | | | | | | | | | |
| Contact name | Michelle Porter | | | | | | Position: Tutor | | | | | |
| Telephone number | 01204 528652 | | | Email: michelle@dentrain.net | | | | | | | | |
| Signature |  | | | | GDC No: 117316  (if applicable) | | | | | | Date | |
| For NEBDN use only | | | | | | | | | | | | |
| Checked and processed by | | | | | | | | | Date | | | |

**CRF Notes for Completion**

**Section 1: Examination Details**

* Target qualification – which qualification is the candidate being registered for? (eg. Certificate in Oral Health Education)
* Target examination date – which examination is the candidate being provisionally entered for? (eg. September 2019)
* Reasonable Adjustments application – please tick if the candidate wishes to apply for a Reasonable Adjustment. On receipt of the CRF, NEBDN will send a copy of the Policy and Application Form to the candidate by email. The Policy an Application are also available on our website at [www.nebdn.org](http://www.nebdn.org) Once the Application Form is completed, please ensure this is returned to NEBDN for consideration.

**Post Registration Qualifications**

All post registration qualification examinations will be held in course provider centres where possible. There will be four session times throughout the day. If the course provider is unable to host all their examinations all candidates will be allocated to the centre in Manchester. Please indicate if the candidate is sitting at the course provider location or at NEBDN’s Manchester centre.

**Section 2: Candidate Details**

* First Name(s) and Surname – it is important to ensure that the name on this CRF is spelt correctly and matches your photographic identification. The name on this CRF will appear on any certificates you are eventually awarded.
* Address – please tell us your full address including the town, county and postcode.
* Telephone number – what number would you prefer us to contact you on? Please indicate the number on this form.
* Email address – it is essential that you write your email address clearly.
* GDC Number – please tell us your GDC (or IDC) registration number. If you have previously been registered with us, please tell us your NEBDN number. Please also attach a photocopy of your GDC or IDC registration certificate to this form.
* **Important:** This form is used for registering your intention to take the qualification you have indicated. This means that NEBDN will need to make contact with you in relation to this qualification to ensure that you receive all the relevant information.

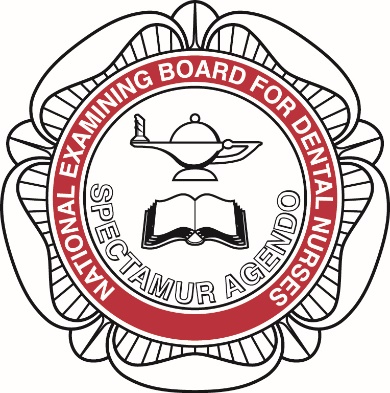
NEBDN would also like to contact you about other qualifications which we offer whilst you are taking this qualification and for five years following successfully passing this examination. If you are happy for us to do this, please indicate your preferred means of communication in the boxes above the Candidate signature section of the form. **Please note** – candidate notices and result letters will be sent via post.

Please refer to our Privacy Notice at [www.nebdn.org](http://www.nebdn.org) for further information.

* Candidate signature and date – don’t forget to sign and date the form.

**Section 3: Course Provider details**

* Centre number – as issued by NEBDN
* Contact name and position – the Course Director, Tutor, Administrator or other person responsible for the course
* Telephone number and email – just in case we have any queries
* Signature – to authorise us to process the CRF and to confirm that the information on the form is accurate.



**NATIONAL EXAMINING BOARD FOR DENTAL NURSES**

**NEBDN Award in Inhalation Sedation Dental Nursing**

**Service Level Agreement**

**NEBDN Award in Intravenous Sedation Dental Nursing**

**Service Level Agreement**

**PURPOSE**

The purpose of the Service Level Agreement (SLA) is to formalise the roles and responsibilities of all partners in the delivery of training and assessment for Dental Nurses working towards a NEBDN Post Registration qualification.

The agreement should ensure effective provision of training and assessment as provided by Employers and Course Providers. It must be signed by all partners and / or their representatives prior to acceptance of a student on a course of training.

The SLA sets out the guiding principles necessary for the establishment of an effective training and working environment consistent with health and safety legislation, NEBDN Quality Assurance policies and current GDC guidelines.

The SLA must be completed ***prior to the course provider accepting*** a student on to the training programme. Failure of the Employer to complete and sign the SLA will result in the student not being accepted into an NEBDN accredited programme.

**PARTNERS**

|  |  |  |
| --- | --- | --- |
|  | **Course Provider** | **Employer** |
| **Named Representative** | DENTRAIN PROFESSIONALS LTD |  |
| **Address** | Bridge Street, Bolton. BL1 2EA |  |
| **Contact Number** | 01204 528652 |  |

**Services and Requests to be provided under this agreement by the involved parties are outlined below.**

**COURSE PROVIDER**

DENTRAIN PROFESSIONALS LTD are committed to providing the following services for as long as training towards a NEBDN Post Registration qualification is being provided on behalf of the employer.

DENTRAIN PROFESSIONALS LTDwill;

* Deliver a course which meets the requirements of the NEBDN Accreditation process.
* Provide all necessary training and educational support necessary in order to allow any candidate the opportunity to complete the programme of training, providing that the individual meets all academic and disciplinary requirements and remains compliant with the aforementioned throughout the duration of the programme.
* Provide written constructive feedback on the candidate’s performance in assessments and the Record of Competence (RoC).
* Have a named GDC registrant in charge of quality assurance, content delivery and programme design.
* Provide occupationally competent Tutors to deliver training which meets the requirements of the NEBDN Curricula.
* Provide Internal Moderators to quality assure the completion of the RoC who hold current GDC registration.
* Keep records of professional qualifications, training / assessment qualifications and GDC registration of all staff.
* Provide clear factual information in regard to the course requirements including the following: duration, fees, assessments, course content, Candidates Fitness to Practise arrangements, coursework submission dates and the roles and responsibilities of the Course Provider, employer and candidate.
* Have in place a course provider Candidate Fitness to Practise policy which clearly defines the role, responsibility, procedure and support in dealing with candidate’s fitness to practice issues.
* Will inform NEBDN of any candidate fitness to practice issues
* All course providers must provide each candidate with the following information at the beginning of their programme, GDC Standards for the Dental Team, GDC Candidate Fitness to Practise guidance and The Course Providers Candidates Fitness to Practice policy, procedures and support available
* Have a clear recruitment policy.
* Complete a formal initial assessment for Literacy during induction.
* Monitor compliance with the requirement for all witnesses to complete the witness feedback within the specified sign off period.
* Sample the RoC using the NEBDN Mandatory Sampling Strategy and recording system.
* Conduct assessments which adequately prepare the candidates for the requirements of the final examination.
* Monitor student attendance and behaviour and report to the employer if there are any concerns.
* Meet the requirements of NEBDN when entering students for the final examination.
* Quality assure the programme at regular intervals making improvements as necessary.
* Provide all the above services in line with the Equality Act 2010 and all relevant Health and Safety legislation.

|  |  |  |
| --- | --- | --- |
| *I agree to provide the services outlined above for the defined period.* | | |
| **Signed** | **Date** | **Print Name** |
| On behalf of DENTRAIN PROFESSIONALS LTD |  |  |

**EMPLOYER**

………………………………………. *(insert Employer/ placement name)* are committed to providing the following services for as long as training towards a NEBDN Post Registration qualification is being provided by the course provider.

………………………………………. *(insert Employer /placement name)* will;

* Allow the candidate to attend the training programme according to a pre-notified timetable.
* Ensure that the candidate will receive appropriate workplace training and supervision.
* Ensure that all Patients are made aware that they are being treated by a Trainee and give consent
* Patients must be provided with information about the student’s and supervisor’s roles, what standards they can expect from Dental professional Trainee, what they should do if they wish to provide feedback and/or are unhappy with the care they have been given. This is a GDC requirement.
* Ensure the candidate has access to all the procedures required in the RoC (See Appendix A).
* Liaise with the Course Provider if they have any concerns with a candidate’s progression and / or performance.
* Appoint a named mentor who is GDC registered and has the appropriate knowledge and skills to support and provide guidance to the candidate. The appointed mentor will be allowed adequate time to carry out their duties.
* Accept responsibility for ensuring that witness feedback on the individual Practical Competence Assessment Sheets (PCAS) are completed fully and is constructive.
* Accept responsibility for ensuring witnesses comply with the agreed **14 calendar** day sign off period for completion of witness statements.
* The employer shall allow Course Provider’s staff and or representative reasonable access to candidates in order to enable them to monitor and assess the candidate’s progress.
* If and when a member of the Course Providers staff is required to work from an employer’s workplace, the employer will afford them all necessary support and facilities to assist them in fulfilling their role. This includes ensuring through a process of induction that Training Provider personnel remain compliant with Health and Safety Legislation and are aware of the employer’s procedures.
* Notify the course provider if there is an incident that could have an impact on the student fitness to practice.
* Ensure compliance with the Ionising Radiation (Medical Exposure) Regulations 2000.
* Provide all the above services in line with the Equality Act 2010 and all relevant Health & Safety legislation.

|  |  |  |
| --- | --- | --- |
| *I agree to provide the services outlined above for the defined period.* | | |
| **Signed** | **Date** | **Print Name** |
| On behalf of ………………………………………..  (*insert name of employer/placement)* |  |  |

**NATIONAL EXAMINING BOARD FOR DENTAL NURSES (NEBDN)**

NEBDN are committed to providing the following services for as long as the Course Provider remains accredited.

*All course providers are required to go through a submission process with the NEBDN to ensure course provision meets the Quality Standards set out in the Accreditation process and procedures. Course Providers must ensure all employers and students are made aware in the course information that if full accreditation status is not met students will be unable to sit the final examination.*

**NEBDN will;**

* Provide up to date, fair and reliable assessment processes across all examinations
* Provide equality of opportunity (within safe guidelines) regardless of age, race, disability, gender etc. as outlined in the Equality Act 2010 throughout all examination provision
* Provide all required documentation to enable individual students to access the final examination.
* Provide adequate notification of the timetable of submission dates for the final examination
* Provide advice, support and guidance to the student, the Training Provider and the employer.

**GENERAL TERMS AND CONDITIONS - SERVICE DISPUTE**

**COURSE PROVIDER**

Should any issue arise in relation to the quality of the education being offered by the Course Provider attempts should be made to resolve them directly with the Course Provider following their documented complaints procedure. Only in the event of the complaints procedure having been exhausted and the issue not being satisfactorily resolved should NEBDN be contacted.

**EMPLOYER**

Should any issue arise in relation to the quality, amount and type of services being offered by the Employer / Placement attempts should be made to resolve them directly with the Employer. Only in the event of the issue not being satisfactorily resolved should the Course Provider consider removing the student dental nurse from training.

**NEBDN**

Should any issue arise in relation to the quality, amount and type of services being offered by NEBDN attempts should be made to resolve them directly with NEBDN following their documented complaints procedure.

**Appendix A**

**RECORD OF COMPETENCE**

**REQUIRED CLINICAL PROCEDURES**

As part of the Sedation Dental Nursing courses candidates must assist with a range of procedures in the surgery. The candidate will have to complete a Record of Competence (RoC) for a range patients being treated in the surgery within the first three months of the course as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification | Treatment contacts | | Recovery contacts | |
| Intravenous | Inhalation | Intravenous | Inhalation |
| Certificate in Dental Sedation Nursing (DSN) | 20 | 10 | 20 | 10 |
| Award in Inhalation Sedation Dental Nursing | 0 | 10 | 0 | 10 |
| Award in Intravenous Sedation Nursing | 20 | 0 | 20 | 0 |

The setting should normally be within your own place of work but may be elsewhere if appropriate to the particular technique; however you must still gain hands on practical involvement.

**Part B: Expanded Case Studies**

Candidates must produce detailed case studies, 1 case study for Intravenous sedation and 1 for Inhalation sedation dependent on whether the candidate is completing the full certificate or not.

**Part C: Directly Observed Clinical Skills assessments**

Certificate in Dental Sedation Nursing = DSN

Award in Inhalation Sedation Nursing = IHSN

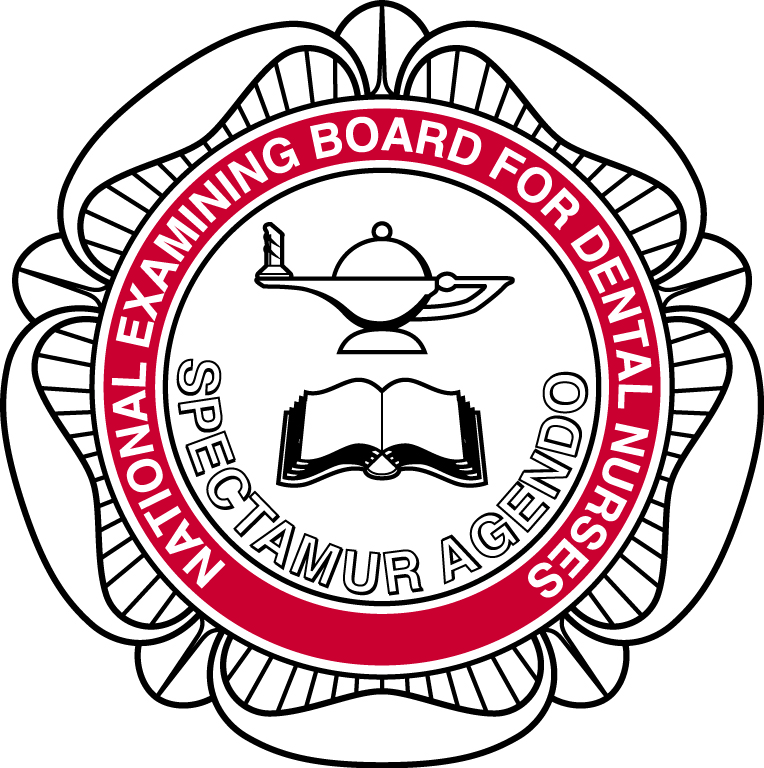
Award in Intravenous Sedation Nursing = IVSN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directly observed clinical skills:** | **DSN** | **IHSN** | **IVSN** | **Required** |
| Automatic blood pressure | X |  | X | 10 |
| Taking and recording oxygen saturation & heart rate | X |  | X | 10 |
| Pre & post-operative instructions | X | X | X | 10 |
| Prepare IHS machine including safety checks | X | X |  | 10 |
| Prepare IV equipment & drugs | X |  | X | 10 |
| Drawing up drugs | X |  | X | 10 |
| Assisting during cannulation | X |  | X | 10 |
| Clear IV equipment & drugs | X |  | X | 10 |
| Simulated medical emergencies | X | X | X | 3 |

**Part D: Supplementary Outcomes:** *One of each required*

|  |  |  |
| --- | --- | --- |
| Immediate Life Support Certificate (ILS) | | Ethical Dilemma |
| List of Equipment | Audit / Patient Satisfaction | CPD Record |
| National Guidance | Anxiety Management Options | List of Drugs |

**NATIONAL EXAMINING BOARD FOR DENTAL NURSES**



**Training Practice Monitoring Form**

**Purpose**

The purpose of the Training Practice Monitoring Form (TPMF) is to ensure candidates have access to a suitable clinical learning environment.

The agreement should ensure effective provision of clinical training provided by Employers.

**Process**

* The TPMF must be completed prior to the acceptance of a student on a course of training by all partners and / or their representatives.
* If more than one student from a practice is undertaking training with the same course provider only one form needs to be completed; however all students must be indicated in the relevant section.

|  |  |
| --- | --- |
| **Name (Centre Name):** | DENTRAIN PROFESSIONALS LTD |
| **Address:** | BRIDGE PLACE, BRIDGE STREET  BOLTON, BL1 2EA |
| **Email:** | INFO@DENTRAIN.NET |
| **Telephone No:** | 01204 528652 |
| **Named Contact:** | Michelle Porter |
| **Name of Student(s)** |  |
| **Practice Name:** |  |
| **Employer Name:** |  |
| **GDC Registration No:** |  |
| **Mentor Name:** |  |
| **GDC Registration No:** |  |

|  |  |
| --- | --- |
| **Type of Practice e.g. GDP, Private, Hospital and Specialist (**please give details) |  |
| **CQC certificate or certificate NO:** |  |

|  |  |
| --- | --- |
| **Employers Signature** |  |
| **Date:** |  |

**Course Provider Internal Moderator Administration only**

|  |  |
| --- | --- |
| **Name:** | Zoe Gee |
| **GDC Registration No:** | 142267 |
| **Risk(s) Identified** | **YES 🞏 NO 🞏** |