 Dentrain Professionals Ltd

Bridge Place, Rear of 22 Bridge Street

Bolton, BL1 2EA

01204 528652

info@dentrain.net

www.dentrain.co.uk

**NEBDN Certificate in Oral Health Education Course Enrolment Pack**

A place will be allocated to you on the next Oral Health course **subject to correct completion of this enrolment form**, **payment received and copy of General Dental Council (GDC) certificate** received (You must be registered with the GDC to enrol). You will not be placed on a waiting list without the enrolment form being complete.

**PLEASE DO NOT LEAVE ANY BLANK SPACES ON THIS FORM AS IT WILL BE RETURNED AND ENROMENT WILL BE INCOMPLETE.**

Completion of the study programme does not guarantee success in the Oral Health Education exam although all candidates are well prepared for the exam beforehand. Candidates are presented with a Certificate from Dentrain Professionals Ltd on completion of the course work and to indicate verifiable CPD hours gained.

**Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Completed Enrolment Form / Learning Contract  |  | Copy of GDC Cert (scan & email or post) |  |
| Terms and conditions statement – signed |  | Completed Candidate registration Form NEBDN  |  |
| **PLEASE NOTE: Initial assessment literacy – we will forward you a link to complete a IA online by email** |  | BAC’s payment of **£900** : Acc No: **96472066**Sort code: **09 01 27**£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***  |  |
| Service Level Agreement signed and dated  |  | Training Practice Monitoring Form signed and dated  |  |
| **Fluoride Application Add On** **£150 if applicable** |  | Complete Work place supervisor form |  |
| I need to apply for a Reasonable Adjustment for my Examination and can provide proof**Y/N** |  | **I have attached a copy or emailed a scanned copy of photo identification**  |  |

***For office use only***

|  |  |  |  |
| --- | --- | --- | --- |
| **Invoice** |  | **Forms complete** |  |
| **Payment BACS** |  | **Payment amount** |  |
| **ILP/Googlesheets** |  | **CRF sent**  |  |
| **Database**  |  | **Date pack sent**  |  |
| **Scanned**  |  | **GDC** |  |

**The course cost is £900 of which includes tutorial support the exam fee and RoC.**

The course has two intakes per year, mid- January leading to the exam the following September and mid-June leading to the exam the following March. The course is 9 months in length.

You are required to spend a minimum of least 3 – 4 hours a week in your own time completing the course work. This is the same as if you were attending a night school one night a week.

**You will sit the exam online, either at home or at work.** The course is delivered on a correspondence basis. You will be provided with an allocated personal Tutor who will be available to support you from 9am – 9pm 7 days a week.

You will be working towards gaining the NEBDN Certificate in Oral Health Education, which is a main post graduate qualification for anyone who wishes to progress with their career applying for a Therapist / hygienist course, or work within Oral Health Promotion. You will be able to claim verifiable CPD hours towards your registration with the GDC.

**Theory:** The course follows the syllabus set out by the National Examining Board for Dental Nurses (NEBDN). Each week you will be provided with a set amount of course work to complete along with a calendar of dates so you can keep on track. The course work is provided in an easy to follow and understand format & is available on paper or via email. You will be allocated a Tutor that you can contact should you require support or need further clarification on any topic. You will be required to send course work to your Tutor at regular intervals so they can provide feedback and guidance along with any revision required.

You will be provided with a learning module which is split into 16 weeks of learning. At the end of each section, you will find revision tasks. It is suggested that you read the revision tasks before starting the section to see if there are any tasks that need to be carried out in your workplace. The revision tasks are part of the syllabus. The self-assessment tasks are for you to complete at the end of each section. You will also be provided with mock exams to help prepare for your exam as well as pre-arranged oral mocks with your tutor which have proven to aid with passing the exam with great feedback from previous candidates.

**Record of Competence (Roc): YOU WILL NEED A LAPTOP OR COMPUTER TO COMPLETE THE ROC .** You will be required tosee 7 patients in total from different patient groups, 4 of these must be seen on 2 occasions. You will be delivering oral health education to patients covering a number of topics such as caries, periodontal disease, orthodontics, denture hygiene and oral conditions. At least 5 patient groups should be covered such as child, adult, older person, pregnant mother etc. All specified topics must be covered (See skills check).

**Case studies as part of the RoC:** 1 detailed case study is required of a chosen patient. A syllabus will be provided which will provide guidance as to what to include in the case study, this must be followed to meet the criteria. This will demonstrate evidence of further reading and reflective practice.

**Exhibition / Display as part of the RoC:** Plan, prepare, display and write a report on an exhibition/talk on a certain topic concerned with oral health. E.g. display on preventing tooth decay in toddlers or talk at a school.

**The Exam** *(held twice a year, March & September)* A 90 minute examination which consists of a written paper to assess underpinning knowledge and understanding. This is made up of 45 multiple choice (MCQ) and 30 extended matching questions (EMQ). **YOU WILL SIT THE EXAM ONLINE** **AND WILL NEED A LAPTOP OR COMPUTER.**

**Enrolment Form / Learning contract**

To complete the enrolment process please check, amend and complete the following information and return to the address on the front cover. Please also ensure you include the completed section from your work place supervisor and the form for your Record of Competence.

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

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

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

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

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

Work address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I work: Full time / Part time ( please circle as appropriate)

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

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

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

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

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

**Yes No**

Have you had a DBS check for your workplace? 

Was the 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 GIVEN – ALTERNATIVELY I AGREE TO PAY AN EXTENSION FEE TO DENTRAIN TO EXTEND MY COURSE TO FOLLOWING INTAKE. I AGREE TO COMPLETE COURSE REVIEWS/QUESTIONNAIRES AT MID AND END POINTS IN MY COURSE WITH DENTRAIN.**

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.**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Role\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

A 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, supervise and support whilst on course. Please note, supervisors must either be a Dentist, Hygienist, Therapist or Dental Nurse who holds the Oral Health Education qualification.

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

**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 . 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 behaviour 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.

### 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

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 at least 5 of these patient groups:**  | **I will be able to gain access to patients to be able to cover ALL of these topics:**  |
| Pregnant / Nursing mums |  | Caries |  |
| Parents of preschool age children |  | Fluoride |  |
| Parents of school children |  | Periodontal disease |  |
| Adolescent |  | Non carious tooth surface (e.g. erosion) |  |
| Adult |  | Removable prosthesis |  |
| Elderly |  | Fixed prosthesis |  |
| Special needs |  | Other oral health condition i.e. ulcers, xerostomia etc. |  |
| Health professionals |  |  |  |
| Medically compromised |  |  |  |
| Ethnic group |  |  |  |

**Terms & Conditions**

**Refunds**

Once the Module file 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 defer till the following exam date then you will incur additional tutorial fees. The course can only be deferred whilst the RoC is in date (expires after 18months). Following this period, the full course fee will be applicable if you wish to defer 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.

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.

**Service Level Agreement**

**Purpose**

The purpose of the Service Level Agreement (SLA) is to formalise the roles and responsibilities of all parties involved in the delivery of training and assessment for Dental Nurses working towards the National Examination Board for Dental Nurses (NEBDN) Post Registration Qualification, i.e. NEBDN, Course Provider, Student and the employer.

This SLA sets out the guiding principles necessary for the establishment of an effective training and working environment consistent with health and safety legislation, NEBDN mandated documentation current GDC guidelines.

**Instructions for completion**

The SLA must be completed prior to the course provider accepting a student on to the training course. Failure of any party to complete and sign the SLA may result in the student not being accepted onto an NEBDN accredited course. This will be checked as part of NEBDN’s candidate registration process, i.e. there will be an expectation for Course Providers to confirm this has been completed when submitting the candidate registration form (CRF).

The Course Provider must complete the administration section and sign to say that all relevant CQC checks have been completed.

The Course Provider and Employer must keep a copy of the completed SLA for their own records. These will be reviewed for each candidate as part of NEBDN’s Quality Audit process and could be requested by NEBDN at any point if there is cause for concern i.e. if a student complaint is raised, or there are concerns over the quality of the programme.

**Services and Requirements to be provided under this agreement by:**

**Course Provider**

All course providers are required to go through an approval process with the NEBDN to ensure their course provision meets the NEBDN Standards for Accreditation. 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.

DENTRAIN PROFESSIONALS LTD is committed to providing the following services for as long as training towards a NEBDN National Diploma in Dental Nursing/Post Registration qualification is being provided on behalf of the employer andwill ensure compliance with the NEBDN Standards for Accreditation.

It is the Course Providers responsibility to ensure that a witness status list is completed for each student and that the course tutor checks each witness to confirm that they have been checked against the relevant register and that they are current registrants. All witnesses should be made aware that their registration is at risk if they knowingly make false declarations within the RoE/RoC.Guidance and training tools to support Course Providers and witnesses be found a***t*** [www.nebdn.org](http://www.nebdn.org)

|  |
| --- |
| Name representative: ZOE GEE  |
| Signed: |
| Date: |
| Course Provider Name: DENTRAIN PROFESSIONALS LTD  |
| Course Provider NEBDN Number: DL01892 |
| Course Provider Address:BRIDGE PLACE, BRIDGE STREET, BOLTON BL1 2EA |
| Course Provider Contact Number: 01204 528652 |

**Employer**

………………………………………. *(insert Employer/ placement name)* is/are committed to providing continual support to the student whilst training towards the NEBDN National Diploma in Dental Nursing/Post Registration Qualification is being provided by the Course Provider and will commit to the following:

* Allow the student to attend the training course according to a pre-notified timetable.
* Provide a workplace induction, which includes GDC Standards for the Dental Team, Health & Safety, Cross Infection and Medical Emergencies.
* Ensure that students do not assist in any procedures until they have successfully completed the Mandatory Modules of study delivered by the Course Provider.
* Ensure that all witnesses are registered healthcare professionals with an appropriate qualification in the relevant subject matter i.e. National Diploma or Post Registration Qualification.
* Ensure that the student will receive appropriate workplace training and supervision.
* Ensure all patient ranges within the eRoE/RoC can be facilitated to enable students to meet all requirements.
* Ensure that all Patients are made aware that they are being treated by students and give consent
	+ Patients must be provided with information about the student’s and supervisor’s roles, what standards they can expect from student dental nurse, what they should do if they wish to provide feedback and/or are unhappy with the care they have been given.
	+ Trainee dental nurses are clearly identifiable to patients and other Dental Care Professionals within the clinical environment. An appropriate name badge confirming the students name and trainee’s status is always to be clear within the clinical environment
* Inform the Course Provider of any Student Fitness to Practise issues.

By signing this you are also permitting the Course Provider to monitor the practice CQC report/s following inspections of any type, to ensure students have access to a suitable clinical learning environment.

**Employer Details:**

|  |
| --- |
| Employer name: |
| Employer GDC Registration No. |
| Signed: |
| Practice Mentor name: |
| Practice Mentor GDC No. |
| Date: |
| Employer Address: |
| Employer Contact Number: |
| Type of Practice e.g. GDP, Private, Hospital or Specialist (please give details): |
| CQC Certificate Number:Date of inspection visit: |
| Witness/s Name: |
| Witness/s GDC Registration Number: |
| Witness checks completed by Course Provider: Yes ❑ No ❑ |

**National Examining Board for Dental Nurses (NEBDN)**

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

**NEBDN will provide:**

* Valid and reliable assessments and processes.
* Equality of opportunity (within safe guidelines) as outlined in the Equality Act 2010
* Information, policies and documentation to support the student journey from registration through to award of qualification
* Support and guidance for our accredited Course Providers and for their students and their employers.

**General Terms and Conditions:**

**Course Provider**

Should any issue arise in relation to the quality, amount and type of services being offered by the Employer attempts should be made to resolve them directly with the Employer. If there is no resolution, or if the course provider has serious concerns, and or a risk has been identified then the NEBDN Workplace Observation Policy must be implemented.

**Employer**

Should any issue arise regarding the quality of the education being offered by the Course Provider, attempts should be made to resolve them directly with the Course Provider in the first instance following their documented complaints procedure. Only then if the issue is not resolved can the Employer contact NEBDN.

**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 policy which is available at [www.nebdn.org](http://www.nebdn.org)

**Training Practice Monitoring Form**

**Post Registration Qualifications**

**Purpose**

The purpose of the Training Practice Monitoring Form (TPMF) is to ensure that students have continued access to a suitable clinical learning environment. It is the Course Providers responsibility to ensure effective provision of clinical training is provided by Employers/Clinical Placements, for key requirement refer to appendix A-G.

**Process**

* The TPMF must initially 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 one form must be completed for each student.
* It must then be checked and reviewed throughout the course of the student’s time with the Course Provider, as part of student reviews and practice visits either general or reactionary. This ensures that all changes are recorded, checked and monitored throughout the students learning journey.
* As part of the process Course Providers must ensure that they check that any witnesses supporting a student are in place to validate each element of the RoC. It is the Course Providers responsibility to ensure that witnesses have the appropriate skills, knowledge and training to support the student and that professional registration are checked and validated as per the requirement in the RoC.

**Details:**

|  |  |
| --- | --- |
| Course Provider Name: | Dentrain Professionals Ltd |
| Course Provider NEBDN Number: | DL01892 |
| Address: | Bridge Place, Bridge Street, Bolton, BL1 2EA |
| Email: | info@dentrain.net |
| Telephone No: | 01204 528652 |
| Named Contact: | Zoe Gee |
| GDC Registration No: | 142267 |
| Student Name: |  |
| Employer Name: |  |
| Employer Address: |  |
| Mentor Name/s: |  |
| Witness Name/s:GDC Registration No/s: |  |
| Type of Practice e.g. GDP, Private, Hospital and Specialist (please give details): |  |
| CQC certificate number and date of verification: |  |

**Risk:**

|  |  |  |
| --- | --- | --- |
| Risk (s) Identified: | Yes □ | No □ |
| If Yes, please give details: |  |
| Actions Agreed, including timescales: |  |
| Name of the Course Provider Representative Completing this form: |  |
| GDC Registration No/s: |  |
| Date completed: |  |
| Signature: |  |

**Oral Health Education**

|  |  |
| --- | --- |
| PCAS | **Two required of each**Prevention of CariesPeriodontal DiseaseNon-carious tooth surface lossOral conditions |
| **One of each required** Care of denturesCare of fixed prosthesisAre of orthodontic appliance |
| Case Study | **One required** From any topic area |
| Supplementary Outcome – written questions regarding |
| ExhibitionReflective PracticeContinued Professional Development record and Personal Development Plan |



**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.

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