

School of Health and Social Care Module Application Form

Please complete **ALL** sections of this form in capital letters

Title of course...Dental Hygienist Adaptation Module... Intake.....
Level 6 – 30 credits

Surname.....Title Mr/Mrs/Miss/Ms (*please circle*)

First names (in full).....Male/Female (*please circle*)

Home address.....

..... Post code.....

Telephone number..... Email address

Employers Name and Address (if applicable).....

.....Post code.....

Telephone number..... Fax number.....

Maiden name (*if applicable*).....

Date of birth..... **GDC number (if applicable).....**

Country of birth..... Nationality (as on passport).....

Clinical profession		Please give job title
Dentistry	<input type="checkbox"/>	
Dental Nursing	<input type="checkbox"/>	
Dental Hygienist	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Unknown	<input type="checkbox"/>	

For Office use (GDC number recordable only)
GDC Assessment outcome report confirmed by
Approved by Programme Lead
Date

PLEASE TURN OVER

Source of funding

Employers name (if not self-funding).....

Self funded Other

Previous professional experience

.....

Professional qualifications held

.....

Academic qualifications held

.....

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Evidence of English language competence (minimum IELTS 6.5)

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Any other comments relevant to this application

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Data Protection Act 1998

The University of Essex has a notification under the Data Protection Act 1998 to enable it to hold and process personal data about its students for the purposes of maintaining their academic and related records. The information supplied on this form will be held under the terms of the Act; it will be kept secure and accurate and will only be disclosed to people who have a need to know in accordance with the Act. *Your attendance and Examination Board ratified module marks will be shared with your employer (if not self-funding). If you do not wish this to happen, you are responsible for asking your employer/manager to communicate with the School to this effect.*

Please note that the information on this application form is required for registration purposes only.

Applicant's signatureDate.....

Employer/Manager's signature (if not self-funding).....Date.....

Print Name

GDC-DCP assessment outcome report attached	Yes/No
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Please sign and confirm payment details, then return this form with attachments to Elizabeth Norris, CPD Administrator School of Health and Human Sciences, University of Essex, Elmer Approach, Southend on Sea, Essex SS1 1LW.