EASTMAN DENTAL HOSPITAL

SCHOOL OF DENTAL HYGIENE & DENTAL THERAPY

STUDENT APPLICATION FORM
PRIVATE & CONFIDENTIAL

PLEASE INDICATE THE COURSE YOU ARE APPLYING FOR:
IMPORTANT: PLEASE CHOOSE ONE COURSE ONLY

<table>
<thead>
<tr>
<th>DENTAL HYGIENE¹</th>
<th>DENTAL THERAPY²</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

COMMENCING: SEPTEMBER 2011

YOUR NAME: .................................................................

--------------------------------------------------------------------

PLEASE COMPLETE THIS FORM IN BLACK INK.

PLEASE ENSURE THAT YOU ENCLOSE PHOTOCOPIES OF CERTIFICATES OF ALL YOUR RELEVANT ACADEMIC AND PROFESSIONAL QUALIFICATIONS WITH YOUR APPLICATION.

PLEASE DO NOT INCLUDE COPIES OF CERTIFICATES UNRELATED TO THIS APPLICATION.

PLEASE ENSURE THAT YOUR APPLICATION FORM IS SENT BEFORE THE CLOSING DATE AS DETAILED IN THE PROSPECTUS, COVERING LETTER OR WEBSITE. APPLICATIONS RECEIVED AFTER THE CLOSING DATE WILL NOT BE CONSIDERED.

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM, AS ONLY THIS FORM WILL BE SUBMITTED TO THE SELECTION PANEL.

PLEASE DO NOT ENCLOSE A SEPARATE C.V.

Return to:

Admissions Office
School of Dental Hygiene & Dental Therapy
Eastman Dental Hospital
256 Gray’s Inn Road
London
WC1X 8LD

--------------------------------------------------------------------

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM

1: Single Diploma (Hygiene) 24 months
2: Combination Diploma (Hygiene & Therapy) 27 months

PLEASE DO NOT WRITE ON THE BACK OF THIS PAGE
### PERSONAL DETAILS

**SURNAME:** .................................................................  
Mr ☐ Mrs ☐  Miss ☐  Ms ☐  Please specify ☐  Other ☐  

**FORENAME/S:** ...............................................................  

**MIDDLE NAME/S:** ..............................................................  

**PREVIOUS SURNAME/S:** ..........................................................  

### PRESENT ADDRESS  
*(to which all communications will be sent)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Address</td>
<td></td>
</tr>
<tr>
<td>Post Code</td>
<td></td>
</tr>
<tr>
<td>Home Tel. No.</td>
<td></td>
</tr>
<tr>
<td>Work Tel. No.</td>
<td></td>
</tr>
<tr>
<td>Mobile Tel. No.</td>
<td></td>
</tr>
<tr>
<td>E-mail address</td>
<td></td>
</tr>
</tbody>
</table>

### PERMANENT ADDRESS  
*(if differed from opposite)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address</td>
<td></td>
</tr>
<tr>
<td>Post Code</td>
<td></td>
</tr>
<tr>
<td>Home Tel. No.</td>
<td></td>
</tr>
<tr>
<td>Work Tel. No.</td>
<td></td>
</tr>
<tr>
<td>Mobile Tel. No.</td>
<td></td>
</tr>
<tr>
<td>E-mail address</td>
<td></td>
</tr>
</tbody>
</table>

### ARE YOU OVER 18?  
YES ☐  NO ☐

### EDUCATION:

*Name(s) of most recent Schools/Colleges/Universities attended, with dates (from age 11 years, in date order)*:

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>------</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE DO NOT WRITE ON THE BACK OF THIS PAGE
ACADEMIC QUALIFICATIONS
Examinations for which results are known. Applicants must list all subjects taken, whatever the results, in **CHRONOLOGICAL ORDER**. Group together all subjects taken at one sitting. Please continue on a separate page if necessary.

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>LEVEL(^1)</th>
<th>DATE</th>
<th>GRADE(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mth</td>
<td>Yr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>LEVEL(^1)</th>
<th>DATE</th>
<th>GRADE(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mth</td>
<td>Yr</td>
</tr>
</tbody>
</table>

\(^1\) E.g. GCSE, O, AS, A2 Levels, GNVQ, Access, Diploma, Degree, etc. or equivalent

\(^2\) Verification will be required

---

EXAMINATIONS TO BE TAKEN or results pending. **If none, write none.**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>LEVEL</th>
<th>DATE OF EXAMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LEVEL</td>
<td>DATE OF EXAMINATION</td>
</tr>
<tr>
<td></td>
<td>Mth</td>
<td>Year</td>
</tr>
</tbody>
</table>

**NOTE: REGARDING PENDING RESULTS:**
THE FULL COMPLETION OF ANY COURSE/S & ATTAINMENT OF QUALIFICATION/S IS MANDATORY
IF YOUR APPLICATION RELIES ON PENDING RESULT/S, ANY OFFER OF A PLACE WILL BE CONDITIONAL ON THE FULL ATTAINMENT OF SAID QUALIFICATION

PLEASE DO NOT WRITE ON THE BACK OF THIS PAGE
## PROFESSIONAL QUALIFICATIONS OBTAINED

<table>
<thead>
<tr>
<th>Awarding Body</th>
<th>Qualification</th>
<th>Date Obtained</th>
<th>Professional Registration No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Please ensure you have enclosed copies of all the qualifications listed above with your application. This must include certified English translations if appropriate.
2. Original certificates as proof of all qualifications will be required if you are asked to attend interview.

## DETAILS OF EMPLOYMENT TO DATE

<table>
<thead>
<tr>
<th>Name of:- Present or Most Recent Employer</th>
<th>Position Held</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Month Year</td>
<td>Month Year</td>
</tr>
</tbody>
</table>

Employment over the last ten years (most recent first)

Please continue on a separate sheet if necessary

<table>
<thead>
<tr>
<th>Name of:- Previous Employer(s)</th>
<th>Position Held</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Month Year</td>
<td>Month Year</td>
</tr>
</tbody>
</table>

Please indicate if you have any experience observing a dental hygienist/dental therapist in a clinical setting:

Yes [ ] No [ ]
FURTHER INFORMATION / SUPPORTING STATEMENT

In no more than 600 words please provide (typed) any additional information you consider important in support of your application, including any special interests or activities.

It is acceptable to submit this statement on a separate A4 sheet and appended to your application.

PLEASE DO NOT WRITE ON THE BACK OF THIS PAGE
REFERENCES
Please give below the names and full contact details of two referees, including telephone number and e-mail address, if possible. At least one should be your present employer or from your school, college or university if you are a student. Your referees should be working with you at the present time and be able to comment on your suitability for a clinical professional training course. **You must not be related to whomever you nominate as a referee.** Referees will automatically be approached if you are short-listed for interview; unless you specifically request otherwise.

**NB:** If you are taking additional examinations during the Summer prior to the course commencement, your academic referee will be approached to provide predicted grades prior to short-listing.

**FULL ADDRESS & POSTCODE**

<table>
<thead>
<tr>
<th>Name of Referee:</th>
<th>Name of Referee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Job Title:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Postcode</td>
<td>Postcode</td>
</tr>
<tr>
<td>Tel. No.:</td>
<td>Tel. No.:</td>
</tr>
<tr>
<td>Fax No.:</td>
<td>Fax No.:</td>
</tr>
<tr>
<td>E-mail:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>Capacity of Referee:</td>
<td>Capacity of Referee:</td>
</tr>
<tr>
<td>Professional Academic</td>
<td>Professional Academic</td>
</tr>
<tr>
<td>Personal</td>
<td>Personal</td>
</tr>
</tbody>
</table>

May we approach this referee if you are Short-listed? Yes ☐ No ☐

APPLICATION HISTORY

Is this your first application to the Eastman Dental Hospital, School of Dental Hygiene & Therapy? Yes ☐ No ☐

If no, please state in which years you made previous applications: ..................................................

Have you previously been interviewed at the Eastman for this course? Yes ☐ No ☐

If yes, please state in which year/s you were interviewed: ..................................................

Have you gained additional qualifications/relevant experience since the most recent application stated above? YES ☐ NO ☐ N/A ☐
REHABILITATION OF OFFENDERS ACT 1974

Due to the nature of the work certain posts within the Health Service are exempted from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974. Therefore applicants for posts are not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act. Should you be accepted on to the course and a failure to disclose convictions or cautions is subsequently proven, you could be liable to dismissal or other disciplinary action by the UCLH Hospitals Trust.

Do you have anything to disclose?  
Yes ☐  No ☐

Have you ever received a caution?  
Yes ☐  No ☐

If you have answered yes to either of the above questions, please supply brief details, in writing to the school. Any information should be provided on a separate sheet in an enclosed envelope (marked private & confidential) and submitted with this application form. This information will be treated as confidential and will not necessarily prejudice your application.

DECLARATION

Please ensure all sections are completed.  

1. I confirm that to the best of my knowledge, the information given on this form is correct and complete.  
☐

2. I confirm that I have read the academic and non-academic entry requirements on pages 14 & 15 of the Prospectus and that I fulfil all these requirements to the best of my knowledge.  
☐

3. I have read the School Prospectus and am aware of the attendance requirements for the course.  
☐

4. I am enclosing copies (plus certified translations if applicable) of all my academic and professional qualifications.  
Please note applications will not be accepted without these copies. If the answer to question four is no, please supply full details of why the copies are not enclosed and when these will be supplied.  
☐  ☐

5. I will have been an UK/EU resident throughout the three year period preceding the first day of the course for which I am applying. (See Page 12 of Prospectus)

This is to confirm your eligibility for an NHS funded place. Eligible students should have settled status under the immigration laws and have no restrictions upon their stay in the UK.  
☐

6. If I accept a place on a course at another school of Dental Hygiene/Dental Therapy, College or University, I will withdraw this application (in writing).  
☐

7. I understand that any offer of a place will be subject to occupational health clearance*, satisfactory references and a clear Criminal Records Bureau Check.  
☐

Sign:  ________________________________

Date:  ________________________________

* PLEASE DO NOT SUBMIT HEALTH CLEARANCE DOCUMENTATION WITH YOUR APPLICATION FORM THIS WILL BE REQUESTED SEPARATELY SHOULD WE INVITE YOU TO INTERVIEW
EQUAL OPPORTUNITIES MONITORING FORM

The School of Dental Hygiene and Dental Therapy believes in equality of opportunity for all.

To assist in monitoring our commitment to Equal Opportunities, you are asked to complete this form, which will be detached on receipt prior to processing your application.

Date of application for the School of Dental Hygiene & Dental Therapy: ____________________________

Course applied for:  Dental Hygiene □  Dental Therapy □

Name: ____________________________  Date of Birth: ____________________________

Gender:  Male □  Female □

Nationality or Citizenship:  Please indicate which ethnic group you belong to:

- Filipino
- Portuguese
- Spanish
- African
- Black – African
- Black – British
- Black – Caribbean
- Black – Other
- Bangladeshi
- Chinese
- Indian
- Pakistani
- White
- Irish
- Greek/Greek Cypriot
- Turkish/Turkish Cypriot
- Any other ethnic group (please specify) ____________________________

Disability:  Are you disabled?  Yes □  No □

If registered, please give R.D.P. Number: ____________________________

How did you become aware that the Eastman Dental Hospital ran these courses?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

PLEASE DO NOT WRITE ON THE REVERSE OF THIS FORM AS IT WILL BE DETACHED BEFORE SUBMISSION TO THE SHORT-LISTING PANEL.