



APPLICATION FORM: DENTAL TECHNOLOGIST TRAINEE Bursary scheme (ENGLAND)
ACADEMIC YEAR 2007 – 2008 (All CLAIM SUBMISSIONS must be received prior to 25 NOVEMBER 2007)

The private laboratory manager /owner must complete this form appropriately in **BLOCK CAPITALS** in a **black pen**, then sign and date it, and send the original to the address given on page 2.

Applications are only valid for students who:

a) Started their course of study after August 2004, and with the fully completed form for **2007-2008 received before 25th November '07.**

b) Are studying a course which is recognised by the General Dental Council (GDC) as acceptable for registration as a Dental Care Professional (Dental Technologist).

B1	Student / Trainee Details:	National Insurance No:	<input type="text"/>	B1a	Office use N.I. <input type="checkbox"/>
	Family Name:	First name:	DoB: / /19		
	Student academic Institute registration number		<input type="text"/>	B1b	Reg. <input type="checkbox"/>
				B1c	Year <input type="checkbox"/>
B2	Course title:	<input type="text"/>		B2a	GDC <input type="checkbox"/>
	Is this recognised as a registrable qualification by the GDC from July 2006 <input type="checkbox"/> ?				
	Student START date on the registrable qualification course:	DD / MON / YEAR		B2b	Val <input type="checkbox"/>
	Student TARGET END date on the registrable qualification course:	DD / MON / YEAR			

Tick those that apply to this application:
 Full time course . Part time course
 Block release . Distance learning

B3	Private Commercial Dental Laboratory in ENGLAND.	B3a	Add <input type="checkbox"/>
	Name:		
	Address:		
	Post Code: <input type="text"/>	B3	MDD <input type="checkbox"/>
	Essential: MDD / MHRA NUMBER: <input type="text"/>		
	Essential: Contact Telephone Number: <input type="text"/>		
	Email Address: <input type="text"/>		

B4	Educational Institute	B4a	Add <input type="checkbox"/>
	Name:		
	Address:		
	Post Code: <input type="text"/>	B4	Acc <input type="checkbox"/>
	Tutor Tel No: <input type="text"/>		
	Institution Academic NUMBER: <input type="text"/>		

B5 Educational Institute's nominated Real Work Based Assessor/s (RWBA).

1) Family Name: _____ First name: _____ **GDC or DTA reg**
(Essential)

B5a Qual 1

B5b Qual 2

2) Family Name: _____ First name: _____ **GDC or DTA reg**
(Essential)

B5c

NOTE: The registration number of the academic assessors is essential to substantiate that trainees are being assessed by a Dental Technicians as defined by the General Dental Council.

Confirm

B6 Named of the nominated Real Work Based MENTOR for the private dental laboratory

Family Name: _____ First name: _____

B6a Mt

and either their,

B6b Reg

a) Persons registration number (either DTA or GDC)

Or

B6c Qual

b) State the GDC registrable qualification (#) held by the MENTOR
 # _____ achieved in DD / MON / YEAR

Or

B6d Med

c) State the other means by which they will register will the GDC between July 2006 – July 2008
 (e.g. the mediated / 'grandparenting' entry). _____

NOTE: The Work Based MENTOR (employer representative) must be a Dental Technician as defined by the General Dental Council using either a), b) or c) above **(Essential)**.

B7 Describe how the dental laboratory Real Work Based MENTOR and educational institution collaborate during this academic period:

a) To **Ensure** that the programme of the **REAL** Work Based Training is compatible with **developing competence in dental technology as required for GDC registration.**

B7a Link a

B7b Link b

b) To **Monitor and retain records of the trainees progress and performance** in the commercial dental laboratory to match the GDC's competence requirement for registration.

B7c

B7d Link c

Link d

- c) To maintain the **link to the Educational Real Work Based assessor** with your dental laboratory, to confirm vocational development in line with the GDC's requirements.

- d) Number of **planned visits** in this year by the educational institutes assessor in the Sept 2007 to June 2008 academic year.

circle

0 1 2 3 4

B8 Our commitment as the MANAGER or EMPLOYER (delete one as appropriate) :

a) I the manager / owner of the above commercial dental laboratory have agreed to organise and ensure that the student's course fees for this academic year are paid in full in accordance with the invoice from the educational institute.

tick to agree

B8
a

Agree

b) We also agree to provide regular opportunity for the trainee to develop the range of skills and competence within at least one specific area of dental technology such that the trainee will be able to manufacture a range of custom made dental appliances from initial receipt of impressions to the final quality check prior to dispatch, in either the area of;

- Fixed Prosthodontics (Crown and Bridge) , or (tick **ONE only** as the major focus)
- Removable Prosthodontics (Dentures) or
- Orthodontics

B8
b

Disc

We agree to the above statements tick

Signed _____ date: _____

B8 c

* Ess

Name in Block capitals: _____

B8
d

Agree

- B9 Completed Application forms should be photocopied for your own records** prior to sending to the Department of Health. Please **CHECK that all parts** of the form have been completed, as **incomplete or incorrectly completed forms will not be processed** and therefore cause delay in processing. **The completed form must be received NO LATER than 25th November 2008 to be eligible for consideration for a bursary in 2007-2008 Academic Year. No late submissions are allowed or accepted.**

Send the completed form to:

Amit Bose, DT Bursary Scheme co-ordinator, Dental & Eye Care Division,
Department of Health,
11-021 New Kings Beam House,
22 Upper Ground,
London
SE1 9BW

To set up new bank account details for first time applications please email amit.bose@dh.gsi.co.uk to request a form.