|  |
| --- |
| **Application Pack for The FDS RCS Eng. Yorkshire Orthodontic Therapy Course 2019-2020** |

The FDS RCS Eng. Yorkshire Orthodontic Therapy Course is now in its 13th year and is the longest running Orthodontic Therapy Course in the UK. This pack should provide you with all the information you require to apply for a place on the course. The Yorkshire orthodontic Therapy Course is based in Leeds, but the course is designed so students can attend from anywhere in the UK

This pack contains:

1. Outline of Orthodontic Therapy Course
2. Personal specification for the student orthodontic therapist
3. Personal specification for the trainer
4. The Role of the Trainer
5. Student Orthodontic Therapist Application Form
6. Trainer Application Form
7. Clinical settings requirements [describing the requirements of the practice or hospital setting]
8. The Course Directors

There are 12 places available in the course beginning on 1 July 2019. Places will be allocated by competitive entry. As part of the process of being appointed to the course there will be a workplace inspection to ensure the local facilities are appropriate for the clinical training. This will be similar to the process of assessing dental practices for Vocational Training.

The cost of the course is £13,000 and is non-refundable.

Please complete the following application forms:

* Student Application Form
* Trainer Application Form

Please return these completed forms to:

Education Department

**Faculty of Dental Surgery**

**35-43 Lincoln's Inn Field**

**London**

**WC2A 3PE**

The closing date for applications is 14 Dec 2018

Interviews will be held (for students and potential trainers) at Leeds Dental Institute 7 Feb 2019.

If you have any further queries about this, please contact us at fdseducation@rcseng.ac.uk

|  |
| --- |
| **1. FDS RCS Eng. Yorkshire Orthodontic Therapy Course 2019-2020** |

This course has been developed to train individuals as Orthodontic Therapists.

The General Dental Council has stated that individuals can register and work as orthodontic therapists following completion of an approved course and successfully obtaining a Diploma in Orthodontic Therapy or equivalent. The FDS RCS Eng. Orthodontic Therapy Courses have been approved by the General Dental Council as appropriate courses for training Orthodontic Therapists.

**What is the format of the course?**

The 1 year course is comprised of 2 parts:

* An initial 4–week core course at Leeds Dental Institute and then 8 additional study days.
* Workplace training in an approved orthodontic practice or hospital orthodontic practice. The local specialist orthodontist or hospital consultant will act as the workplace trainer

The student will train as an orthodontic therapist under the close supervision of the local workplace trainer. After completion of the course, including satisfactory workplace reports, successful completion of assessments and clinical activity, the student can apply to sit for the Diploma in Orthodontic Therapy examination.

**Who is eligible?**

Full details of the personal specification for the student and trainer are enclosed. However, in brief the minimum requirements stated by the General Dental Council are that the student can be a dental nurse with a recognised qualification, a qualified dental hygienist or dental therapist, or a dental technician with appropriate clinical experience. The local trainer must be on the orthodontic specialist list.

**Cost of course**

The cost of the course is £13,000. There are 12 places available in total each year and admission will be by competitive entry.

**What is the format of the core course?**

The core course is based at the Leeds Dental Institute and is run by the course directors, Simon Littlewood and Trevor Hodge. It involves teaching from a variety of consultants, orthodontic specialists, and orthodontic therapy tutors. The teaching will comprise of a mixture of seminars, lectures, problem-based learning and projects covering the essential theoretical aspects of orthodontic therapy. In addition, clinical training will take place in the state-of-the-art Clinical facilities and will culminate in the treatment of patients on the orthodontic clinic. There will then be a further 8 study days throughout the year.

**When does the course start?**

The course starts 1 July 2019. Applications must be received by 14 Dec 2018.

**How do I apply?**

An application form for both the student and the local trainer should be completed and returned to:

The FDS RCS Eng. Orthodontic Therapy Course, Education Department, **Faculty of Dental Surgery, 35-43 Lincoln's Inn Field, London WC2A 3PE.**

**What if I have any further questions?**

Please email us on [fdseducation@rcseng.ac.uk](mailto:fdseducation@rcseng.ac.uk)

|  |
| --- |
| **2. Personal Specification for Student Orthodontic Therapist** |

|  |  |  |
| --- | --- | --- |
| **Factor** | **Essential** | **Desirable** |
| **Qualifications** | * One of the following qualifications: * The National Examining Board for Dental Nurses [NEBDN] National Certificate examination, plus 24 months experience * The S/NVQ Level 3 in Oral Healthcare: Dental Nursing awarded by an approved NVQ or SVQ provider * A Certificate of Proficiency in Dental Nursing awarded by a recognised Dental Hospital The Certificate of Higher Education in Dental Nursing offered by the School of Professionals Complementary to Dentistry, at the University of Portsmouth * BTEC National Diploma Dental Technology * SQA Higher National Certificate in Dental Technology * Degree in Dental Technology * City and Guilds Final Certificate in Dental Technology * BTEC National Diploma in Science [Dental Technology] * BTEC Diploma in Dental Technology * SCOTVEC Higher National Certificate in Dental Technology * Edexcel BTEC Higher National Certificate * Army – Levels 1, 2 and 3 [Dental Technology] * Qualifications awarded by Technicians Education Council or Scottish Technicians Education Council * Any qualification determined by the GDC to entitle the holder to register as a dental hygienist or dental therapist | * National Examining Board for Dental Nurses [NEBDN] Certificate in Orthodontic Dental Nursing |
| **Skills & Abilities** | * Manually dextrous * Good communicator * Good basic IT skills – confident with use of email and the internet and willing to work with databases online * Works well in team | * Familiar with use of digital photography * Experience with PowerPoint presentations |
| **Disposition** | * Able to work under pressure * Able to sustain the hard work throughout the course * Caring approach to patients * Evidence of high degree of integrity in all professional areas and understands confidentiality * Excellent team player | * Open minded and able to manage change * Hard working and high attention to detail * Aware of own limitations and when to ask for assistance |
| **Other** | * Aware and committed to the requirements of the course * Demonstrates a desire to learn | * Minimum of 2 years experience in clinical orthodontics |

|  |
| --- |
| **3. Personal Specification for Trainer of Student Orthodontic Therapist** |

|  |  |  |
| --- | --- | --- |
| **Factor** | **Essential** | **Desirable** |
| **Qualifications** | * Registered on the Specialist List of the GDC in Orthodontics | * Registered Diploma or Membership in Orthodontics of one of the Royal Colleges or equivalent |
| **Training skills** | * Willing to undertake appropriate preparation and training required to become and remain a trainer | * Experience acting as a trainer |
| **Audit & CPD** | * Proven commitment to postgraduate education and CPD | * Current participation in peer review, audit or research |
| **Commitment to course** | * Willing to re-organise own daily routine and those of the practice to take account of the presence of a student orthodontic therapist * Willing to supervise student for every patient, every visit * Demonstrates a desire to train and an enthusiasm for orthodontic therapy training * Be prepared to supervise an audit and other relevant projects during training * Be able to monitor the student progress within the clinical setting, assessing competencies and overseeing appropriate patient caseload as specified by the course * Be prepared to work closely with the course directors throughout the course |  |
| **Providing appropriate training environment** | * Prepared to ensure the training environment consistently meets the list of clinical setting requirements in the hospital or practice * Provide appropriate nursing and administrative support for therapist. A nurse must be available to work with the student for every patient. * Support workplace inspection visit and willingness to respond to report * Works as part of a team within a well-run practice or hospital department | * Can demonstrate involvement in staff appraisal, training and development * Is up to date on current best clinical practice |
| **Skills & Abilities** | * Good communicator * Good basic IT skills – confident with use of email and the internet – and prepared to assist student in these areas | * Familiar with use of digital photography * Experience with PowerPoint presentations |
| **Disposition** | * Willing to offer appropriate pastoral support to a student orthodontic therapist * Evidence of high degree of integrity in all professional areas and understands confidentiality * Open to educational opportunities | * Leadership qualities * Motivational skills * Enthusiastic and positive |
| **Other** | * Able to work as trainer throughout duration of course * Aware and committed to the requirements of the course and guarantee to attend training and study days when required * Demonstrates a desire to learn |  |

|  |
| --- |
| **4. Role of the Trainer** |

This document briefly describes the commitments and roles of the local trainer and student orthodontic therapist.

Traditionally training for DCPs has been undertaken in a teaching hospital for the duration of the course. This course is different, with training taken place in both a teaching hospital, but also the workplace. As a result the work place trainer has certain obligations to fulfil, to ensure the GDC regulations for training and the course indemnity requirements are met.

This document will provide useful information for anyone considering becoming a trainer.

**The Trainer**

**Who is eligible?**

A trainer will be a specialist orthodontist with high clinical and ethical standards. At the time of application and for the duration of his/her appointment as a trainer, he/she should be providing a wide range of treatment for both children and adults. The orthodontist must be committed to training and supportive of the student throughout the course.

**What is the role of the trainer?**

The trainer/student relationship is the fulcrum of the program. It should be remembered that many students will have never worked in a patient’s mouth before and will require considerable support and encouragement during the year. Guidance will be needed at each visit as well as procedural checks. This is likely to be a requirement of the professional indemnity arrangements in training a student. The emphasis will be on developing an interchange that allows the trainer to form an awareness of the student’s progress on the one hand, and the student to be able to call on the trainer's experience and guidance on the other.

**What are the responsibilities of the trainer?**

All prospective trainers will be required to undertake the orthodontic therapy RCS *Training the Trainers* Course which will be organised by Faculty of Dental Surgery of The Royal College of Surgeons of England.

1. In employing a student orthodontic therapist the trainer is required to:

1. Take responsibility for the student's actions and so the student must agree to obey the trainer's directions.
2. Agree hours of work in advance. It is expected that a trainee will normally work on average 35 hours a week, [or part-time pro rata] exclusive of lunch breaks, including any study day courses. The student will work 7-8 clinical sessions per week, [where a session is either a morning or an afternoon] for the year of training, with 2-3 sessions for study. There is an option to train part-time, with 5-6 clinical sessions per week with the student training over a longer period. If you would like to hear more about this option, please contact the course administrator. The student must work as an orthodontic therapist, and no longer undertake duties previously undertaken in the workplace [e.g. dental nurse, manager etc.]

2. Upon appointment trainers would be expected to be able to demonstrate a commitment to continuing education and training and following appointment will be obliged to attend a *Training the Trainers Course*. This will seek to develop the skills required in the one-to-one teaching situation, and generally to indicate methods of preparing the practice for a student, and of maintaining a satisfactory working relationship between trainer and student.

3. Provide the student with adequate administrative support and the full time assistance of a suitably qualified dental nurse

4. The trainer [or a suitable equivalent] must be available for day-to-day guidance of the student. Under the indemnity agreements of the course, all patients seen by the student must also be checked by a specialist orthodontist.

5. The trainer must set aside a period of one hour each week for a formal in‑practice seminar. This must be in the normal practice working hours.

6. The trainer will require the student to attend the core course and the educational study day programme ensuring that the student’s holidays do not lead to absence from this. Absence for reasons other than sickness will only be allowed in exceptional circumstances. More than one absence from the course may make it logistically impossible for the student to continue and be certified as having completed The FDS RCS Eng. Orthodontic Therapy Course in the anticipated time frame. This will mean either a withdrawal from the course or an extension to training being required. In such situations the Course Directors will try and resolve the situation informally exploring solutions with the student and the workplace trainers. If this is not successful then a formal decision will be decided by the Registrar of FDS RCS Eng. The Royal College have the right to charge an additional course fee to any extension of training

7. The trainer will inform the course directors of any absence of the trainee from the practice.

8. The trainer will provide the student with satisfactory facilities so that a wide range of orthodontic practice is experienced and so that as far as is reasonably possible the student is fully occupied.

9. The trainer will assess and monitor the student's progress and professional development and provide feed back as necessary. He/she will also undertake to ensure that the student's logbook is kept up to date and that all the processes involved in on-going assessment including liaison with the course directors, are undertaken.

10. The trainer will be asked to assist with the general progress of the course and its evaluation. This may mean setting time aside to be available for pre-arranged visits from other orthodontic therapy students during the course

11. Advise on the final certification of the student’s satisfactory completion of the work detailed in the continuous assessment record and the course in general

12. Advise the course directors if the circumstances of either the trainer, the student or the practice change in such a way as to alter the contract of employment between the trainer and the student.

**What happens if there are problems with the Trainee?**

The course directors will always try and attempt to solve problems and should be contacted promptly if they occur however the responsibility to provide the appropriate trainer input and training environment lies with the sponsor of the student who completes the dual application process. If a situation arises whereby either a trainer or workplace become unavailable for a student, and an alternative trainer and workplace has to be found, the original trainer should honour any arrangements that have been made regarding payment for the course fee plus continue to pay the salary of the trainee through the remainder of the training year

**How am I appointed as a Trainer?**

Accompanying this pack is an application form for you and the proposed student orthodontic therapist to complete. Once these forms are returned, short listing will take place and then a workplace visit will be arranged in which the facilities within the practice or hospital are inspected by a practice assessor. This visitor, representing the FDS RCS Eng. Orthodontic Therapy Course, is likely to be a practice assessor from the Regional Vocational Training Committee. All appropriate documentation relating to Health and Safety and Statutory Regulations should be available to the practice visitors on the day of their visit.

The practice visitors will wish to see a demonstration, by one of the practice nurses, of the infection control procedures in place within the practice.

The potential trainer is invited to demonstrate to the visitors the clinical standards achieved in the practice.

The potential trainers will be required to attend on the interview day to give the opportunity to discuss the training process with the course directors. After the student interviews a final offer of a place on the course is made to the successful candidates. The appointment will be subject to satisfactory references, CRB checks and occupational health assessment, and workplace inspection report.

**The Student Orthodontic Therapist**

The following is a list of obligations of the student orthodontic therapist. The trainer will need to ensure that the student fulfils all these obligations:

1. Attend the practice or hospital department for the agreed hours and perform such clinical duties as appropriate for patient care and personal learning needs.
2. Determine personal learning needs in discussion with the trainer.
3. Maintain and keep up to date the logbook and be prepared to submit it for inspection when requested.
4. Take an active part both in weekly tutorials with the trainer and periodic progress review.
5. Attend the all of the core course and all study days organised during the training period; normally the only reason for not attending a study day will be sickness [prior written approval from the course directors must be obtained for absence from the core course and study days other than sickness].
6. Ensure that holidays do not lead to absence from the study days.
7. If you experience an illness, or other serious personal difficulty, which prevents you from attending study days or completing the course in the time allocated then you will need to discuss any extenuating circumstances and possible extension to your studies providing evidence to support this as necessary.
8. Complete a set project during the training period.
9. Adhere to all the course rules and regulations.

|  |
| --- |
| **5. Clinical Setting Requirements for Orthodontic Therapy Course** |

The FDS RCS Eng. Orthodontic Therapy Course will involve a 4 week core course based in Leeds Dental Institute and Swansea University and 8 study days based in various location which will be detailed in the course information, and then workplace training in an appropriate hospital orthodontic or orthodontic practice clinical setting. This provides a list of the hospital or practice requirements for the orthodontic therapy course. These areas will be assessed on the workplace inspection.

**A Safe Practice Environment**

* Compliance with all necessary legislation including Health and Safety
* Infection control demonstration
* Appropriate medical emergency drug kit
* Examination of drug kit and emergency oxygen supply
* Date and evidence of CPR training

**B Equipment and Instrumentation**

* Identified clinical space for student orthodontic therapist
* Appropriate quality and quantity of contemporary orthodontic instrumentation and materials
* Light cure systems
* Access to radiographic equipment for panoramic and lateral cephalometric radiographs
* Access to digital photography
* Appropriate storage and retrieval system for study casts
* Availability of appropriate orthodontic educational resources e.g. books; videos; journals

**C Support Staff and Practice Organisation**

* Nursing support identified for student therapist for every patient
* Appropriate administrative and secretarial support
* It is key the student works as an orthodontic therapist, and does not undertake previous roles they had undertaken in the workplace.
* Availability of practice literature and patient information leaflets for orthodontic treatment
* Good quality of clinical records [photos, study models and radiographs]
* Appointment book – sufficient time for procedures and treatment of non-medical emergencies [guidelines to be provided]
* Clinical audit/peer review undertaken
* Clinical governance in place

**D The Practice as a Training Environment**

* Proximity of trainer – as every patient will need to be seen with the trainer
* Colleagues other than the trainer prepared to be involved if required
* Range of work [variety of malocclusions and treatment approaches in common use]
* Use of a laboratory providing appliances to an appropriate standard
* Access to internet and email and computer with standard Microsoft software.

|  |
| --- |
| **6. Application Form For Trainer of Orthodontic Therapist 2017-2018** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Surname | |  | | | | | | | |
|  | First Name | |  | | | | | | | |
|  | Date of Birth | |  | | | | | | | |
|  | GDC No. | |  | | | | | | | |
|  |  | |  | | | | | | | |
| 2. | Practice Address | |  | | | | | | | |
|  | Postcode | |  | | | | | | | |
|  | Telephone No. | |  | | | | | | | |
|  | Mobile No. | |  | | | | | | | |
|  | Fax No | |  | | | | | | | |
|  | Email | |  | | | | | | | |
|  | Home Address | |  | | | | | | | |
|  |  | | | | | | | | | |
| 3. | Qualifications including dates [please clearly state date of entry onto the specialist orthodontic list] | | | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | | | | | | | | | |
| 4. | What is your status in the practice or department?:  Sole owner / Partner / Expense Sharing Partner / Associate / Consultant | | | | | | | | | |
|  |  | | | | | | | | | |
| 5. | Please list names and qualifications of any other dentists working in the practice or department who will be involved in the training, including stating clearly whether they are on the specialist list or not (Please confirm with them that they are happy to be involved in training). | | | | | | | | | |
|  | Name: | | | | | | | |  | |
|  | Partner / Expense Sharing Partner / Associate / Assistant / other | | | | | | | | Full / Part-time | |
|  |  | | | | | | | |  | |
|  | Name: | | | | | | | |  | |
|  | Partner / Expense Sharing Partner / Associate / Assistant / other | | | | | | | | Full / Part-time | |
|  |  | | | | | | | |  | |
|  | Name: | | | | | | | |  | |
|  | Partner / Expense Sharing Partner / Associate / Assistant / other | | | | | | | | Full / Part-time | |
|  |  | | | | | | | |  | |
|  | Name: | | | | | | | |  | |
|  | Partner / Expense Sharing Partner / Associate / Assistant / other | | | | | | | | Full / Part-time | |
| 6. | Do you have sufficient space, nursing support and patients to provide a student orthodontic therapist with 7-8 clinical sessions per week [where a session is a morning or an afternoon] | | | | | | | | Yes / No | |
|  |  | | | | | | | | | |
| 7. | Will an experienced / qualified dental nurse work with the student orthodontic therapist? | | | | | | | | Yes / No | |
|  |  | | | | | | | | | |
| 8. | Will the student orthodontic therapist have their own surgery? | | | | | | | | Yes / No | |
|  |  | | | | | | | | | |
| 9. | Will the student orthodontic therapist work between two practices or departments? If so, please specify | | | | | | | | Yes / No | |
|  |  | | | | | | | | | |
| 10. | Please complete your proposed training timetable below (please see the Role of the Trainer session for advice on this; 7-8 clinical session and 2-3 study sessions – please ensure the timetable follows this required list of sessions). In each box please provide the following information: a)where the session will take place b)who will be the supervisor[s] on this session. Please ensure all details are included in this timetable as described above. | | | | | | | | | |
|  |  | Monday | | Tuesday | Wednesday | Thursday | Friday | | | Saturday |
| A.M. |  | |  |  |  |  | | |  |
| P.M. |  | |  |  |  |  | | |  |
|  |  | | | | | | | | | |
| 11. | What educational resources are available within the practice to the student orthodontic therapist? | | | | | | | |  | |
|  |  | | | | | | | | | |
| 12. | Do you have internet and email access in the practice / department? | | | | | | | | Yes / No | |
|  |  | | | | | | | | | |
| 13. | Do you use digital photography in the department? | | | | | | | | Yes / No | |
|  |  | | | | | | | | | |
| 14. | Are you prepared to undertake a minimum of a one hour teaching session per week with your student separate from the clinical commitment throughout training? | | | | | | | | Yes / No | |
|  |  | | | | | | | | | |
| 15. | Would you be willing to assess and monitor the student orthodontic therapists progress and complete assessments and reports on their development? | | | | | | | | Yes / No | |
|  | | | | | | | | | | |
| 16. | The indemnity for the course requires every patient the student sees to be checked by an orthodontist on the specialist list at every visit. Will this be possible in your practice or department? | | | | | | | | Yes / No | |
|  |  | | | | | | | | | |
| 17. | Have you been in a dispute with any professional organization or authority leading to disciplinary proceedings?  If yes, please explain circumstances / outcome on a separate sheet. | | | | | | | | Yes / No | |
|  |  | | | | | | | | | |
| 18 | Have you agreed the remuneration and terms of service for your therapist, both during the training year and in the first year of appointment | | | | | | | Yes/no | | |
| If there is any further information that you feel would be helpful, please continue on another sheet. | | | | | | | | | | |

**Terms & Conditions**

The information you provide will be held on our College database and will be shared with Orthodontic Therapy Examiners and Trainers who are located outside the building and with Leeds Dental Institute, all Orthodontists and Specialists that access this information are on the Specialist List and registered with the GDC.

The information you have given on this form will be held by the Faculty of Dental Surgery of the Royal College of Surgeons of England on a compartmented secure server in accordance with the General Data Protection Regulation (GDPR), and will be used only for Education and Examination purposes. The information is kept by The Royal College of Surgeons of England and will be available to a few members of staff within the same department, and will not be shared throughout the wider organization unless instructed otherwise

We would like to keep you informed of other events and activities that may be of interest to you, please tick this box if you do **not** wish to receive these mailings.

While we make every effort to run courses as advertised, we reserve the right to change the timetable and /or the teaching staff without prior notice and to cancel any courses without liability.

The candidate will comply with the standards and regulations set out by the Course Director. Failure to do so may result in course dismissal.

I understand that the course fee is **non refundable** and that the Work Place Practice is **liable** for the full course fee of £13,000 regardless of whether or not the trainee completes the course.

I confirm that I have read, understood and agree to comply with the terms and conditions of the *Orthodontic Therapy Course* above.

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

|  |
| --- |
| **Equal Opportunities Monitoring** |

In line with UK legislation and good practice guidelines, we are asking everyone to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

|  |  |
| --- | --- |
| **Name:** | **Ethnicity**  *Choose one selection from the list below to indicate your cultural background:*  **a]** **White**:  British  Irish  Any other White background  **b] Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background  **c] Asian or Asian British**  Indian  Pakistani  Bangladeshi  Any other Asian background  **d] Black or Black British**  Caribbean  African  Any other Black background  **e] Chinese or other ethnic group**  Chinese  Any other background  Indicate a more specific category here: |
| **Gender:** |
| **Nationality:** |
| **1st Language:** |
| Do you have a disability *under the terms of the Disability Discrimination Act 1995 [a person with a physical or mental impairment that affects you ability to carry out normal day to day activities which are substantial, adverse and long term]?*  Yes  No |
| **What is your sexual orientation?**  Bisexual  Heterosexual  Lesbian or Gay |
| **What is your religion or belief?**  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Other religion/belief  Indicate a more specific category here: |

*This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practices.*

*Please return the completed application form to:*

Faculty of Dental Surgery Tel: 020 7869 6813/6814/6815

Education Department Fax: 020 7869 6818

35-43 Lincoln’s Inn Fields Email: fdseducation@rcseng.ac.uk

London WC2A 3PE

Web: [www.rcseng.ac.uk](http://www.rcseng.ac.uk)

|  |  |
| --- | --- |
| **Registered Charity No. 21808** | |
| **7. Application Form For Student of Orthodontic Therapist 2019-2020** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Surname |  | |
|  | First Name |  | |
|  | Date of Birth |  | |
|  | GDC No. |  | |
|  |  |  | |
| 2. | Practice Address |  | |
|  |  |  | |
|  |  |  | |
|  | Postcode |  | |
|  | Telephone No. |  | |
|  | Fax No |  | |
|  | Email |  | |
|  | Home Address |  | |
|  |  |  | |
|  |  |  | |
|  | Postcode |  | |
|  | Telephone No. |  | |
|  | Fax No. |  | |
|  | Email |  | |
|  |  | | |
| 3. | Qualifications including dates [original certificates as proof of all qualifications will be required if you are asked to attend for interview]. If you have taken exams, but not yet received the results, please state this. | | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  | | |
| 4. | Please give a full employment history [with dates] since leaving school. | | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| 5. | Please give details of orthodontic experience and level of competency | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  |  | |
| 6. | Please describe any experience of working in a team. You may give examples from both inside and outside of dentistry | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  |  | |
| 7. | Please explain how you think you will benefit from being on this course [200 words or less] | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  |  | |
| 8. | Other achievements  A range of personal skills have been identified as being particularly important in successful orthodontic therapists. For each of the skills indicated below, please give an example, preferably recent, from your own experience, to illustrate how you dealt with particular situations. You may draw from work or from other outside activities. | | |
|  | [a] Communication and interpersonal skills. [You need to be sensitive to the likely reactions of others to your actions. You must have the ability to work effectively with others and be aware of your own impact. You will need to be able to communicate clearly and present an argument persuasively]. In the space below, give a recent example that demonstrates that you possess these skills. [150 words or less] | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  | [b] Initiative. [You should be a self-starter. You must be able to determine priorities and to organise your time appropriately. You will need to take responsibility for producing results with the determination to see things through to a high standard]. In the space below, give a recent example that demonstrates this. [150 words or less] | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  |  | |
| 9. | List relevant courses attended in last 5 years | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  |  | |
| 10 | Have you agreed remuneration and terms of service with your trainer for both the training year and the first year of employment? Please ensure this is in place before applying for the course. | | |
|  |  | | |
|  |  | | |
| 11 | Please give the names and addresses of 2 referees | | |
|  | **Reference 1** | |  |
|  | Name | |  |
|  | Date of Birth | |  |
|  | GDC No. | |  |
|  | Organisation | |  |
|  | Address | |  |
|  |  | |  |
|  | Telephone No. | |  |
|  | Fax No. | |  |
|  | Email | |  |
|  |  | |  |
|  | **Reference 2** | |  |
|  | Name | |  |
|  | Date of Birth | |  |
|  | GDC No. | |  |
|  | Organisation | |  |
|  | Address | |  |
|  |  | |  |
|  | Telephone No. | |  |
|  | Fax No. | |  |
|  | Email | |  |
|  |  | |  |

|  |
| --- |
| **Equal Opportunities Monitoring** |

In line with UK legislation and good practice guidelines, we are asking everyone to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

|  |  |
| --- | --- |
| **Name:** | **Ethnicity**  *Choose one selection from the list below to indicate your cultural background:*  **a]** **White**:  British  Irish  Any other White background  **b] Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background  **c] Asian or Asian British**  Indian  Pakistani  Bangladeshi  Any other Asian background  **d] Black or Black British**  Caribbean  African  Any other Black background  **e] Chinese or other ethnic group**  Chinese  Any other background  Indicate a more specific category here: |
| **Gender:** |
| **Nationality:** |
| **1st Language:** |
| Do you have a disability *under the terms of the Disability Discrimination Act 1995 [a person with a physical or mental impairment that affects you ability to carry out normal day to day activities which are substantial, adverse and long term]?*  Yes  No |
| **What is your sexual orientation?**  Bisexual  Heterosexual  Lesbian or Gay |
| **What is your religion or belief?**  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Other religion/belief  Indicate a more specific category here: |

*This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practices.*

*Please return the completed application form to:*

Faculty of Dental Surgery Tel: 020 7869 6813/6814/6815

Education Department Fax: 020 7869 6818

35-43 Lincoln’s Inn Fields Email: fdseducation@rcseng.ac.uk

London WC2A 3PE Web: [www.rcseng.ac.uk](http://www.rcseng.ac.uk)

|  |
| --- |
| **Registered Charity No. 21808** |

**Terms & Conditions**

The information you provide will be held on a College wide database and may be shared with any relevant Specialist Associations located within the building and with Leeds Dental Institute. It will be used to process your application and for relevant College mailings and stored in accordance with the Data Protection Act 1988.

We would like to keep you informed of other events and activities that may be of interest to you, please tick this box if you do **not** wish to receive these mailings.

While we make every effort to run courses as advertised, we reserve the right to change the timetable and /or the teaching staff without prior notice and to cancel any courses without liability.

The candidate will comply with the standards and regulations set out by the Course Directors. Failure to do so may result in course dismissal.

I understand that the course fee is **non refundable** and that the Work Place Practice is **liable** for the full course fee of £13,000 regardless of whether or not the trainee completes the course.

I confirm that I have read, understood and agree to comply with the terms and conditions of the *Orthodontic Therapy Course* above.

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

|  |
| --- |
| **8. The Course Directors and Teaching Staff** |

The courses are headed by four co-Directors: Trevor Hodge and Simon Littlewood for delivery of the course in Leeds. In addition there will supporting teaching from consultants and orthodontic specialists.

**Simon Littlewood**

**BDS FDS[Orth]RCPS MDSc MOrthRCS FDSRCSEng**

Simon is a Consultant Orthodontist at St Luke’s Hospital, Bradford, and at the Leeds Dental Institute. He also works in private practice. He is an elected Board member of the Faculty of Dental Surgery of the Royal College of Surgeons of England, and is previous Director of Professional Development for the British Orthodontic Society. His clinical interests include high-quality adult orthodontics and his research interests include randomised controlled clinical trials, orthodontic bonding, and retention and relapse. He is currently an examiner in the orthodontics ISFE and lectures nationally and internationally. He has a strong commitment to teaching and training.



**Trevor Hodge**

**BDS, MFDS, MPhil, MOrthRCS, FDS[Orth]RCS FDSRCSEng**

Trevor works as a Consultant Orthodontist at the Leeds Dental Institute as well as in part-time private practice. He is actively involved in the training of postgraduate Orthodontic Specialist Registrars and in the clinical management of complex cases with a particular interest in the treatment of adult patients especially those requiring a combination of orthodontics and surgery and/or restorative dentistry.

