# Remediation Support Application Form

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| PART ONE | Requirements |

1. **Health Education England, East of England (HEEEoE) Contact**

New requests for mentoring/PDP meetings that are instigated as a result of the involvement of the Local Area Team (AT), GDC or NCAS should be directed in the first instance to:

**Name: Jane Madsen**

**Job Title: PA to Dental Director**

**HEEoE: Health Education England, East of England**

**HEEoE Office: 2-4 Victoria House, Capital Park, Fulbourn, Cambridge, CB21 5XB**

**Tel No: 01223 596988**

**Email:** [**jane.madsen@nhs.net**](mailto:jane.madsen@nhs.net)

Named HEEoE contact will remain the point of contact throughout the suggested programme of remediation. Individuals should not contact other members of the admin team at the Postgraduate office unless asked to do so.

1. **Application form**

Please complete and submit the application form in **Part 4**

1. **Curriculum Vitae**

Your up-to-date CV should be submitted with this application form.

1. **CPD Records**

Your CPD records (including copies of certificates) from the last two years should be submitted with this application form.

1. **Period of notice for official letters/reports to relevant bodies**

If you require a letter to be sent from the HEEEoE confirming your remediation personal development activity, a minimum of 2 weeks’ notice will be required.

Please provide AT/GDC/NCAS or other hearing dates to Jane Madsen at your earliest convenience following confirmation of the meeting.

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| PART TWO | Details of Service |

**Initial meeting (approx 1 – 1.5 hours)**

In most cases the Dental Workforce Support Adviser (DWSA) will conduct the initial meeting with the individual and make recommendations in the form of a remediation action plan. The DWSA is likely to make contact with case workers and legal representatives so the attached form will need to be signed to give permission for these discussions to take place.

**Remediation Plan**

The plan is likely to require the development of a detailed personal development plan. Each meeting will last for approximately 1 – 1.5 hours and it is likely that three meetings will be required to write the plan and review progress against it.

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| PART THREE | Costs |

* The initial meeting and three PDP planning meetings will cost **£480.00** payable in advance.
* If it is agreed with the individual and the advisor that further meetings are required these will be charged at **£80** **each**, payable in advance.
* Cheques should be made payable to **Health Education England** and sent to;

**Jane Madsen, PA to Dental Director, Health Education England, East of England,  
2-4 Victoria House, Capital Park, Fulbourn, Cambridge, CB21 5XB.**

* Two weeks must elapse between submission of the cheque and the arrangement of the meeting with the DWSA to ensure the cheque has cleared successfully.

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| PART FOUR | Your Personal Details |

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| **Full Name:** |  |
| **Correspondence Address:** |  |
| **Telephone Numbers:** |  |
| **Work:** |  |
| **Home:** |  |
| **Mobile:** |  |
| **Email Address:** |  |
| **GDC Registration Number:** |  |
| **Defence Union:**  **Case Worker Name:**  **Contact Details:** |  |
| **GDC**  **Case Worker Name:**  **Contact Details:** |  |
| **AT:**  **Case Worker Name:**  **Contact Details:** |  |
| **Legal Representative:**  **Case Worker Name:**  **Contact Details:** |  |
| **Date & Place of Qualification:** |  |
| **Nationality:** |  |
| **Referral By (GDC, AT, NCAS or other (please specify)):** |  |

**Notes:**

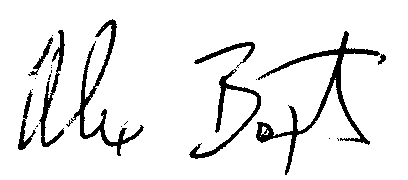
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| Please include details of your case, GDC conditions and hearing dates (where applicable) and any relevant information. If referral by your AT or NCAS, please include details of your case. |

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| PART FIVE | Declaration |

To ensure provision of the best possible support to you, Health Education England, East of England will:

* Assign only qualified and experienced professionals to assist with your remediation.
* Maintain the confidentiality of your details and;
* Only share your details with relevant bodies with your express permission (see below) or if required by law.

**Signed:**

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**Alex Baxter**

**Postgraduate Dental Director**

For your part, please sign and date this form as indicated below to confirm your agreement with the following:

* To the best of my knowledge, the details I have provided are complete, up-to-date and accurate.
* I give my consent to the Health Education England, East of England to contact the case workers involved in my case, when necessary.
* I will only discuss my case with nominated members of deanery staff.
* I enclose my up-to-date CV.
* I enclose my CPD records (including copies of certificates) from the last two years.
* I enclose a cheque for £480.00 to cover the cost of the initial meeting with the DWSA and three PDP meetings.
* Failure to attend a meeting without an appropriate notice and reason will be counted as one of your 4 meetings.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**