

Trainer Application Form

Part 5. Training Programme Director's Report.

For current Trainers only. To be completed on computer after mid-year visit.
(For use by Selection Committee only.)

Applicant's Name

Title	First name	Last name
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Training History

Please confirm and comment on the details of the applicant's previous history as a Dental Foundation/ Vocational Trainer in Part 3.

Please confirm and comment on the details of Trainer performance response to challenges in Part 3.

Please confirm and comment on the details of the Trainer's support to other Trainers in Part 3.

Current Training Year

I have verified the record of E-PDP usage detailed in Part 3 and confirm that I believe this is accurate. ☐

I make the following comments about the provision of Tutorials and Assessments.

I have verified the record of Training provision detailed in Part 3 and confirm that I believe this is accurate. ☐

I make the following comments

I have verified the record of UDAs and NHS and non-NHS work detailed in Part 3 and confirm that I believe this is accurate. ☐

I make the following comments

I have verified the record of Trainee working hours detailed in Part 3 and confirm that I believe this is accurate. ☐

I make the following comments

Teaching and Support

I have verified the record of team involvement and support in the Training detailed in Part 3 and confirm that I believe this is accurate. ☐

I make the following comments

I have verified the record of educational change made during this current Training year detailed in Part 3 and confirm that I believe this is accurate. ☐

I make the following comments

Training Performance

I confirm that during the current Training year the Trainer has carried out adequately the tasks expected of a Trainer with this level of experience. ☐

I believe that the Trainer has performed beyond expectations during the current year and would make the following comments about this performance. ☐

The Trainer has required significant levels of support during the year and I give details. ☐

The Trainer has required significant levels of support during the year(s) which may have affected the quality of teaching provided for the Trainee and I give details. ☐

Attendance, Compliance and Contribution

The Trainer has attended ALL sessions and meetings when required. ☐

The Trainer has attended most sessions and meetings when required. ☐

Comments

The Trainer has been compliant with Scheme correspondence and arrangements. ☐

Comments

The Trainer has made an active contribution to the Scheme. ☐

Details.

Trainer Presence in Practice

I have verified the presence of the Trainer in the practice and this matches the timetabled presence shown in Part 2 and confirm that I believe this is accurate. ☐

I make the following comments.

Alternative Support in Practice

I confirm that in the absence of the Trainer another dental practitioner is able and normally available to provide support for the Trainee. ☐

Name of other dentist, experience and qualifications.

Practice Facilities

I confirm that the Practice facilities and arrangements still conform with those set out in Part 2. ☐

I make the following comments.

I notice the following improvements in the practice.

I believe that these points could be acted upon.

Patient Availability

I have verified the patient load detailed in Part 3 and have confirmed this with the Trainer and Trainee. I believe that the patient load is suitable and adequate for the Trainee. ☐

I make the following comments.

NHS Contract Compliance

I have verified the checked the E-PDP and the Trainees records and believe that the Trainee has seen a full range of NHS treatments without restrictions. ☐

I make the following comments.

NHS Commitment

I have seen evidence, (NHS Payment Schedules, practice records, NHS Reports etc) to confirm that the Trainer is on target to maintaining their commitment to the £25,000.00 per annum NHS practice earnings for this year. ☐

I make the following comments.

Practice Commitment

I believe that the commitment to Training displayed by the practice involves other team members. ☐

I make the following comments.

I would support appointment of this applicant as a Trainer for:

No Years ☐

One Year ☐

Two Years ☐

Three Years ☐

Comments and reasons for recommendation

Signed

Date