

Trainer Application Form

Part 1. Trainer Personal Details.

(For use by Selection Committee only.)

Please complete this form using **Adobe Reader on a computer.**

Please do **not** use BLOCK CAPITALS. If you have any queries please contact Health Education East of England (HEEoE), or your Training Programme Director. When complete, please print and sign one copy of the form and send it with the additional papers to:

The Director of Dental Education, Health Education East of England, 2-4 Victoria House, Capital Park , Fulbourn, Cambridge. CB21 5XB Tel: 01223 596943

Then please email a copy of each section to HEEE.DFTrecruitment@nhs.net

If this is a joint application please tick here and use a second Part 1. ☐

Title	First Name	Last Name
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Practice Address(es)

Postcode

Telephone Number

Fax

Email

Practice Manager's
Full Name and Email

Please note, you must check your emails regularly and notify HEEoE immediately of any change of details

Home Address

Postcode

Telephone Number

Mobile Phone

Email

To be a Dental Foundation Trainer, inclusion on the General Dental Council Dentists Register, professional indemnity, and inclusion on the National Dental Performers List are essential requirements. Please supply:

GDC Registration Number

Name of Professional Indemnifier and number

Performers List Number

Name of Area Team(s) for Training Practice(s) *(If more than one practice and/or Trainer please identify clearly)*

Name of other Area Team(s) with which you act as a Performer

Qualifications: Degrees or Diplomas *(with dates and full details)*

Dental Registration Qualification(s)	Date	University or College
Further Dental Qualifications	Date	University or College
Other (Non Dental) Qualifications	Date	University or College

Are you currently studying meaningfully for any further qualifications? *(Please give details of progress and parts completed with dates)*

Have you ever been, or applied to be, a Trainer in this or any other Region?

(If yes, please give full details of dates, Schemes, Regions and outcomes — i.e. selected, not selected, withdrew etc.)

Date	Deanery / LETB / Region	Outcome

Are you currently applying to be a Dental Foundation Trainer in another LETB? *(If yes, please give details)*

Do you have any current supervisory or teaching roles in the practice, e.g. Supervising non funded Trainee, Trainee Hygienists, Therapists etc. *(If yes, please give details)*

Please give dates and **FULL** details of any Salaried or Honorary Dental Appointments that you have held during the last five years. *(e.g. Clinical Assistantships etc.)*

Please give **FULL** details and dates of membership of any Professional Committees. *(e.g. Local Dental Committee etc.)*

Are you, or have been in the last five years, an office holder or committee member of a Dental Society or organisation. (BDA, Faculty or similar). *(If yes, please give details)*

Organisation	Details of Post	Dates

Has there ever been any action to remove or suspend you in any manner from an NHS Performer List? *(If YES please give dates and **FULL** details)*

Have there ever been any restrictions or conditions placed upon your appearance on an NHS Performer List? *(If YES please give dates and **FULL** details)*

Have you ever had an NHS Independent Review, or have you been found in breach of your NHS Terms of Service, or have you been subject to proceedings by the GDC? *(If YES please give dates and **FULL** details)*

Are there any complaints, investigations or Independent Review Proceedings about you or your practice outstanding with either the Area Team or GDC at the moment? *(If YES please give dates and **FULL** details)*

Pre-appointment checks will be taken up with statutory dental bodies including the GDC and your Area Team.

Continuing Professional Development—Core Subjects

Minimum Requirements: This section must be completed fully in order for your application to be considered.

Please give the dates and full details of the following compulsory core CPD items:

IRMER certificate:

Medical Emergencies—
Basic Life Support training:

Disinfection / Decontamination
training:

Child Protection Level 2 training:

Continuing Professional Development—Core Subjects

Minimum Requirements: This section must be completed fully in order for your application to be considered.

Please give the dates and full details of the following non-compulsory core CPD items undertaken in the last five years:

Oral Cancer:

Complaints and their handling in practice:

Legal and Ethical Issues:

Please list and give details of the verifiable non core subjects of Continuing Professional Development that you have undertaken in the **last two years** (*in chronological order and excluding Foundation/VT sessions*). The GDC requires 75 hours CPD over a period of 5 years. We expect a list covering a wide variety of subjects and a range of modes of learning representing about 20 hours minimum.

Total Hours

Please list the means and sources from which you obtain your non-verifiable CPD.

Please give dates and topics for your last two Clinical Audits.

Date	Topic
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Date	Topic
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If you have not been a Foundation / Vocational Trainer before please give details of your experience of teaching/ training.

Please give details of how you are involved in the training of staff in your practice.

How are you prepared to be involved with or provide a specific contribution to the Day Release Course of the Foundation Scheme?

Practice Status

To be a Dental Foundation Trainer, significant experience in General Dental Practice, with one year as a Practice Owner or a Performer with managerial responsibility, are essential requirements.

Are you a Practice Owner? Yes ☐ No ☐

If NO, who is?

Are you a Provider? Yes ☐ No ☐

If NO, who is?

If you are **NOT** a practice owner or provider, do you have control over:

Staff management, including disciplinary procedures? Yes ☐ No ☐

Stock purchasing? Yes ☐ No ☐

Equipment purchasing, repair & maintenance? Yes ☐ No ☐

Clinical rotas? Yes ☐ No ☐

Patient allocation? Yes ☐ No ☐

Other areas of managerial responsibility? Yes ☐ No ☐

Please give full details

When did you start working in this practice? Date:

Are you a Performer in any other practices? Yes ☐ No ☐

If YES please give full details.

Please give details of when and where you have been in practice before your current practice.

Date	Practice	Role
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If you undertook Vocational Training, please give details of where and when you undertook this.

Date	Scheme	Trainer
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Contracting Arrangements

What type of NHS Contract do you work within? GDS ☐ PDS ☐ Pilot ☐

Please give full details of the contract, including the total Practice value, the number of Units of Dental Activity and (if included) Units of Orthodontic Activity. If it is a Pilot Contract please give full details of the contract, its method of working and care provision, and its total practice value .

For the year ending 31st March 2014 in monetary values and also in UDAs (if applicable) what was the gross value of the NHS work that you personally provided in practice. *If your commitment for the year ending 1st March 2014 was less than £25,000 (Shared for Joint Trainers) you will need to provide evidence at the practice / mid-year visit that for the current year and the training year you will have a commitment reaching this minimum value. All applicants will be required to provide evidence of their personal continuing commitment during the year of appointment and training.*

Working Hours

- Please completely fill in the timetable below to show when **YOU** will be working at the Training Practice(s) and at any other practice.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Location	Location	Location	Location	Location	Location
Morning	Start	Start	Start	Start	Start	Start
	Finish	Finish	Finish	Finish	Finish	Finish
Afternoon	Start	Start	Start	Start	Start	Start
	Finish	Finish	Finish	Finish	Finish	Finish

- If you are a **Joint Trainer** please fill in the timetable below to show when the other **Joint Trainer** will be working at the Training Practice(s) and at any other practice.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Location	Location	Location	Location	Location	Location
Morning	Start	Start	Start	Start	Start	Start
	Finish	Finish	Finish	Finish	Finish	Finish
Afternoon	Start	Start	Start	Start	Start	Start
	Finish	Finish	Finish	Finish	Finish	Finish

- Please fill in the timetable below to show when the **TRAINEE** will be working at the Training Practice(s).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Location	Location	Location	Location	Location	Location
Morning	Start	Start	Start	Start	Start	Start
	Finish	Finish	Finish	Finish	Finish	Finish
Afternoon	Start	Start	Start	Start	Start	Start
	Finish	Finish	Finish	Finish	Finish	Finish

- If you (or your Joint Trainer) are not to be working alongside the Trainee at any time, please give names and times for someone else in the practice who will be able to support the Trainee in your absence (including annual leave or sickness).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	NAME	NAME	NAME	NAME	NAME	NAME
Morning	Start	Start	Start	Start	Start	Start
	Finish	Finish	Finish	Finish	Finish	Finish
Afternoon	Start	Start	Start	Start	Start	Start
	Finish	Finish	Finish	Finish	Finish	Finish

Please give details of their educational experience/qualifications.

Contract Conditions

If appointed, I agree to:

Yes ✓

- | | | |
|-------|---|--------------------------|
| i. | Employ the Trainee as a Performer under the Approved Trainer/Trainee Contract. | <input type="checkbox"/> |
| ii. | Attend the HEEoE Trainer Induction Course. <i>(These courses seek to indicate methods of preparing the practice for a Trainee and help to develop the skills required to become a good Trainer and teacher).</i> | <input type="checkbox"/> |
| iii. | Be available for the Trainee for day to day guidance in the practice on a minimum of six sessions a week and provide help on request to the Trainee. <i>(One session being half a day).</i> | <input type="checkbox"/> |
| iv. | Ensure full use of the Electronic Professional Development Portfolio throughout the Training year, including completion of all monitoring activities, learning plans and assessments. | <input type="checkbox"/> |
| v. | Provide a protected teaching time (tutorial) of one hour per week during normal practice working hours. | <input type="checkbox"/> |
| vi. | Employ the Trainee for 35 hours per week and ensure attendance at the Day Release Course during term time (i.e. seven hours at Day Release Course and 28 hours in practice). | <input type="checkbox"/> |
| vii. | Provide for the Trainee satisfactory facilities, materials and experienced chairside and clerical assistance. | <input type="checkbox"/> |
| viii. | Ensure that the Trainee is reasonably occupied, has clinical freedom and can experience a wide range of NHS dentistry. | <input type="checkbox"/> |
| ix. | Ensure that the Trainee attends the Day Release Course. <i>(Absence for reasons other than sickness shall be allowed only in exceptional circumstances. Repeated and unexplained absences may be interpreted as a withdrawal from the Scheme by the Trainer and Trainee.)</i> | <input type="checkbox"/> |
| x. | Attend meetings when reasonably requested to do so by the Scheme Training Programme Director. <i>(These are usually held each term at the postgraduate centre concerned.)</i> | <input type="checkbox"/> |
| xi. | Be involved in a minimum of fourteen sessions of FT educational activity during the training year. <i>(This should include at least one session per term on the Day Release Course.)</i> | <input type="checkbox"/> |
| xii. | Keep the Scheme TPD informed of any alteration in the circumstances of your practice, your training involvement, your Trainee's or your commitments which would affect the Trainer/Trainee Contract. | <input type="checkbox"/> |
| xiii. | Maintain personal GDS NHS earnings above the minimum requirements as laid out in the Trainer Person Specification. | <input type="checkbox"/> |

Please read the following statements carefully before signing this form.

1. I have read all sections of the application forms and have completed them to the best of my knowledge.
2. I agree to a practice inspection and will make approximately one hour available to the visitors.
3. I understand that if I have not been a Trainer before I must attend one of the HEEoE 'Introduction to Foundation Training' courses to prepare me for the interview.
4. I shall accept the decision of the Selection Committee and understand that there is no right of appeal.
5. I understand that selection as a Trainer does not guarantee that I will be successful in appointing a Trainee.
6. I understand that if I am selected as a Trainer I will be required to employ the Trainee under the approved Trainer/Trainee Contract.
7. I understand that pre-appointment checks will be carried out by statutory dental bodies including the GDC and the Area Team.
8. I understand that the information in these forms will be stored and used by Health Education East of England for the purposes of Foundation Training.
9. I understand that I shall be required to use email communication with the HEEoE and those involved with Dental Foundation Training and also to use an electronic internet version of the Professional Development Portfolio.

Signed: Date:



This padlock symbol from the Information Commissioner's Office confirms that your information is being collected and processed in line with the Data Protection Act.

All new applicants and existing Trainers must have completed **Equality and Diversity** training within the last three years in order to be eligible for a post. Please give details of your most recent training below:

Date	Type of Course	Location (if applicable)	Speaker/Provider
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If you have not completed any such training, or are due to update your training prior to January 1st 2015, you will need to access a course and provide HEEoE with evidence of completion which will be validated at the practice visit or mid-year visit. HEEoE will not be in a position to arrange workshops this year, but this is available on-line as e-learning from many sources.

Introduction to Dental Foundation Training courses are to be held for potential new Trainers at HEEoE on the **15th, 19th and 20th January 2015**. If you are a new applicant and any of these dates are inconvenient for you, please indicate this here.

Interviews are to be held in the period **19th to 25th February 2015**. If there are any dates within this period that are inconvenient to you please indicate this here.