

Trainer Application Form

Part 2. Practice Facilities and Management.

(For use by Selection Committee only.)

Training practices set the standards for new graduates, so it is important that they provide a suitable environment and standards. Please read every section carefully and complete fully as appropriate. If you are uncertain about any section, you can obtain further information from Health Education East of England or your Scheme Training Programme Director. Supporting evidence may be required to be seen by the practice visitors.

If the Trainee is to work at two practices please tick here and use a second Part 2. ☐

Applicant's Name(s)
Practice Address
Practice Telephone Number
What is your Registration Number with the Care Quality Commission for this practice?

Practice Outline

Location

High Street ☐

Residential ☐

Commercial ☐

Parking

Street ☐

On Site ☐

Other ☐

Directions for Parking for Practice Visit

Number of Surgeries

Ground floor

First floor

Second floor

Surgery Opening Hours

Disabled Access

Entrance ☐

Surgery ☐

Toilet ☐

Facilities, Rooms and Surgeries

Facility		Details and Comments
Reception areas		
Waiting room(s)		
X-ray room		
Toilets:	Patient	
	Staff	
	Joint	
Surgeries	Usage	
Surgery 1		
Surgery 2		
Surgery 3		
Surgery 4		
Surgery 5		
Surgery 6		
Surgery 7		
Surgery 8		
Decontamination room		
Staff room		
Stock room		
Teaching room		
Other rooms		

Personnel

Please give information about the dentists working in the practice, including their names, qualifications, and when they are present in the practice.

	Qualifications	Days present	Previous Foundation/VT experience and involvement (if applicable)
Provider Dentist(s)			
Performer Dentist(s)			
Specialist Practitioners			

Personnel (continued)

Please give information about the DCPs and ancillary staff including their names, qualifications, and when they are present in the practice .

	Qualifications	Days present	Previous Foundation/VT experience and involvement (if applicable)
Hygienists			
Therapists			
Dental Nurses			
Practice Managers			
Receptionists			
Others			

Trainee's Surgery

Size and Layout

More than nine sq metres ☐

Suitable for low seated work ☐

Suitable for four handed work ☐
Extra chair ☐

Equipment

Low seated chair ☐
Operating light ☐
Hand washing sink for dentist ☐
No. of Turbines
Sterilisable scaler ☐
Telephone ☐

Dental Unit ☐
Stool for dentist ☐
X ray set ☐
No. of handpieces
Amalgamator ☐
Sharps container ☐

Suction ☐
Stool for dental nurse ☐
Left hand suitability ☐
Three in one Syringe ☐
Light cure lamp ☐
Autoclaveable tray system ☐

Instrumentation

Conservation ☐
Extractions ☐
Rubber dam kit ☐

Periodontics ☐
Oral surgery ☐

Endodontics ☐
Prosthetics ☐

Materials and Disposables

Gloves ☐
Restorative materials ☐

Masks ☐
Impression materials ☐

Bibs ☐
Paper and cotton goods ☐

Comments on Educational Suitability

Trainer's Surgery

Size and Layout

More than nine sq metres ☐

Suitable for low seated work ☐

Suitable for four handed work ☐
Extra chair ☐

Equipment

Low seated chair ☐
Operating light ☐
Hand washing sink for dentist ☐
No. of Turbines
Sterilisable scaler ☐
Telephone ☐

Dental Unit ☐
Stool for dentist ☐
X ray set ☐
No. of handpieces
Amalgamator ☐
Sharps container ☐

Suction ☐
Stool for dental nurse ☐
Left hand suitability ☐
Three in one Syringe ☐
Light cure lamp ☐
Autoclaveable tray system ☐

Instrumentation

Conservation ☐
Extractions ☐
Rubber dam kit ☐

Periodontics ☐
Oral surgery ☐

Endodontics ☐
Prosthetics ☐

Materials and Disposables

Gloves ☐
Restorative materials ☐

Masks ☐
Impression materials ☐

Bibs ☐
Paper and cotton goods ☐

Comments on Educational Suitability

Second Trainee's Surgery (if applicable)

Size and Layout

More than nine sq metres ☐ Suitable for low seated work ☐ Suitable for four handed work ☐
Extra chair ☐

Equipment

Low seated chair <input type="checkbox"/>	Dental Unit <input type="checkbox"/>	Suction <input type="checkbox"/>
Operating light <input type="checkbox"/>	Stool for dentist <input type="checkbox"/>	Stool for dental nurse <input type="checkbox"/>
Hand washing sink for dentist <input type="checkbox"/>	X ray set <input type="checkbox"/>	Left hand suitability <input type="checkbox"/>
No. of Turbines	No. of handpieces	Three in one Syringe <input type="checkbox"/>
Sterilisable scaler <input type="checkbox"/>	Amalgamator <input type="checkbox"/>	Light cure lamp <input type="checkbox"/>
Telephone <input type="checkbox"/>	Sharps container <input type="checkbox"/>	Autoclaveable tray system <input type="checkbox"/>

Instrumentation

Conservation <input type="checkbox"/>	Periodontics <input type="checkbox"/>	Endodontics <input type="checkbox"/>
Extractions <input type="checkbox"/>	Oral surgery <input type="checkbox"/>	Prosthetics <input type="checkbox"/>
Rubber dam kit <input type="checkbox"/>		

Materials and Disposables

Gloves <input type="checkbox"/>	Masks <input type="checkbox"/>	Bibs <input type="checkbox"/>
Restorative materials <input type="checkbox"/>	Impression materials <input type="checkbox"/>	Paper and cotton goods <input type="checkbox"/>

Comments on Educational Suitability

Educational Facilities

Please give details of 'teaching rooms' or 'quiet areas' of the practice suitable for undisturbed teaching?

Do you have a practice computer available for educational purposes which can be accessed by the Trainee?

Do you have a broadband internet connection available at the practice for educational purposes?

What educational resources do you have in your practice reference library?

Text books etc.

Journals.

CDs etc.

Other.

Governance

Do you have regular practice meetings?

Yes ☐ No ☐

Who sets the Agenda?

Please give details of the structure, content and frequency of meetings.

Please give details of how you incorporate external practice guidelines into your practice, i.e. NICE recall, Faculty radiographic etc.? *(Please give details)*

What written protocols do you have within the practice and where are they kept?

Has your practice achieved any recognised awards? i.e. BDA Good Practice Award, Investors in People etc. *(Please give dates and details)*

What aspects of your practice have been audited recently? *(Please give details)*

Date

Topic

How do you achieve team working within your practice? *(Please give details)*

Contracting Arrangements

Does the practice provide a full range of clinical services within the NHS?

Yes ☐ No ☐

If 'No' please give full details.

Do you personally provide a full range of clinical services within the NHS?

Yes ☐ No ☐

If 'No' please give full details.

If you employ a Trainee do you expect them to provide a full range of clinical services within the NHS?

Yes ☐ No ☐

If 'No' please give full details.

Patient Availability

Will the Trainee have an existing list of patients to see?

Yes ☐ No ☐

If 'Yes' please give details including size and description of treatment needs status.

If there is no existing list, how do you propose to ensure there are adequate patients for the Trainee? *(Please give full details.)*

How many new patients are seen at the practice each week?