

Trainer Application Form

Part 3. Training Summary.

For current HEEoE Trainers only.

To be verified at mid-year visit by discussion between the Trainer and his/her Training Programme Director. *(For use by Selection Committee only.)*

Applicant's Name

Title	First name	Last name
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Training History

Please give details of the dates, Schemes, etc. when you have been a Trainer.

Year	Scheme
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What are the challenges you have encountered in your role as a Trainer during the last two Training years? *(Or one year is this is your first Training year.)* Please give details of a specific challenge and how you met it.

Have you acted as a 'Buddy', or provided significant support to another Trainer in the last two years?

Yes ☐ No ☐

If 'Yes', please give details.

Current Training Year

In this section please give full details of your current training experience—**using the first three months since your current Trainee started**; i.e. since 1st September 2014

How many ‘formal’ tutorials have been recorded in the EPDP?

How many of each of the following types of tutorials have you held?

Discussion
Portfolio Review
Assessment (DEP)
Assessment (CBD)
Clinical
Clinical with Patient
Administrative
Communication Skills
Health and Safety

How many ESPRs were carried out during the first five weeks of the training year?

How many DEPs have been carried out and recorded in the EPDP?

How many CBDs have been carried out and recorded in the EPDP?

How many reflections have been recorded in the EPDP?

How many learning needs have been identified and recorded in the EPDP?

What steps did you take to determine your Trainee’s clinical experience at the start of the training year?

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What steps did you take to determine your Trainee's clinical competence at the start of the training year?

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What steps did you take to determine your Trainee's learning needs?

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What have you done to tailor your training to your Trainee's learning needs?

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At the end of November how many of the following has your Trainee completed?

Examinations

Amalgam restorations

Composite resin restorations

Extractions of erupted teeth

Root canal treatments: Molar
 Non Molar

Crowns or Veneers

Acrylic dentures: Partial
 Full

Surgery involving a flap

What types and amounts of non NHS work has your Trainee undertaken?

What are the actual working hours for your Trainee?

Week without Study Day

Mon

Tues

Wed

Thurs

Fri

Sat

Total hours

Week with Study Day

Mon

Tues

Wed

Thurs

Fri

Sat

Total hours

During the following weeks how many hours did your trainee spend:

With patients

With no patients booked

With failed appointments

October 6—11			
October 13—18			
November 3—8			
November 10—15			

Teaching and Support

What skills and experience in education and learning do other members of the practice team possess? *(Please give full details.)*

Please describe fully the involvement of other members of the dental team in Dental Foundation Training.

In what ways could you increase the involvement of the team in Dental Foundation Training?

If you have been a Trainer in previous years please answer the question below—otherwise leave blank.

What educational changes have you made during this year?

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