

**Competency Assessment Application Form**

Please complete all sections below electronically:

AREA TEAM DETAILS	
Name of Area Team	
Contact Full Name	
Contact Full Address and Postcode	
Contact Telephone Number	
Contact Fax Number	
Contact Email	

APPLICANT'S DETAILS	
Surname	
First Name	
Gender	
Full Address and Postcode	
Telephone Number	
Email	
GDC Number	
Country and Date of Initial Qualification	
Nationality <small>(Non-UK EEA citizens will also require an invoice request information form)</small>	
Notes / Additional Information	

**Please submit the following documents and copies:**

- Competency Assessment Application Form (1 copy required)
- Copy of Performers List Application Form (1 copy required)
- Copy of CV (1 copy required)
- Copy of 2 Clinical References (4 copies of each required)
- Copy of Applicant's Portfolio (4 copies required)
- Attached Data Protection Agreement completed by the Applicant (1 copy required)

**Guidance notes for submission:**

- Please ensure that all evidence submitted in the applicant's portfolio is in the order of the Competency Assessment Framework, and that each section is labelled with the relevant domain reference to demonstrate the evidence i.e. for Professionalism – PA, PB, PC etc.
- Please do not submit any original documentation.
- Please also note that any documentation submitted to Health Education England - East of England will not be returned.

- For further information please visit the Dental section of the HEE EoE website: [https://heeo.ee.nhs.uk/dental\\_home](https://heeo.ee.nhs.uk/dental_home)

**Please note that any portfolios received which are not accompanied by the Competency Assessment Application Form and/or do not follow the guidance notes for submission will be returned to the Area Team.**

## **Competency Assessment Data Protection Agreement**

In order to assess competency assessment applications received and perform its statutory functions, Health Education England, East of England (HEE EoE) has an obligation to collect and keep data relating to the process. On application to HEE EoE, we will hold personal data about you, in hard copy format and on our computer database.

In accordance with the Data Protection Act 1998 HEE EoE will process that personal data and ensure that appropriate measures are in place to ensure the safety and integrity of the data we hold.

HEE EoE may transfer and share this data (or any part of it) for its ongoing administration and/or in the pursuit of its objectives generally. A central database of applications is kept and monitored, by signing this form you will be confirming that you are aware and understand that these details will be logged centrally for national tracking of competency applications.

HEE EoE may also share this data with organisations and others who are our partners. We or they may use mail, telephone, fax, e-mail, or circulars to contact you.

HEE EoE's Data Controller is the NHS Health Education England.

To make a request under the Data Protection act please write to:

**FOI Data Protection Lead**

**Health Education England**

**Octavia House | Interchange Business Park | Bostock's Lane | Sandiacre | Notts NG10 5QG**

**By submitting your personal data, you consent to use of that data as set out in this agreement.**

**Signed** .....

**Print Name** .....

**Date** .....