

Please complete and submit to TRaMS email address at the end of the form

### 1. Applicant's details:

Title Mr  Mrs  Miss  Ms  Other (please specify)

Surname  Other names

Gender (tick one) Male  Female  NHS List No.  GDC No

Year and place of qualification

Do you have a postgraduate qualification?  Details

Have you undertaken Dental Vocational Training?  If so where?

Contact address

Postcode

Telephone  Mobile

Email  GDS/PDS/Private

Health Board  Employment status

Name of employer/former employer

% NHS commitment (personal/practice) (if known)

### 2. Reason for Application

Please give details of reason/s for referral

### 3. Status of referral

(Please tick box)

Are there any adverse DRO Grades (Grade 3 or 4)?

Yes

No

Please give details

Do you have any current complaints against you?

Yes

No

Please give details

Has there been involvement of:

Give details

Indemnity organisation

Yes

No

General Dental Council

Yes

No

Dental Practice Adviser

Yes

No

Dental Practice Board

Yes

No

Have there been any meetings with the above stakeholders

Yes

No

N.B.- TRaMS team may contact these or other stakeholders such as your Health Board to triangulate information

### 4. Level of involvement

Give details

Have you had an appraisal recently? (within 6 months)

Yes

No

Do you have a Personal Development Plan?

Yes

No

Do you have any disciplinary proceedings in progress?

Yes

No

Have you been offered any additional training support?

Yes

No

### 5. Health

Are there any underlying health issues or health concerns?

Yes

No

## 6. Consent Agreement

As part of the TRaMS process NES will seek information from and share information with the following organisations as required:

- Indemnity Organisation
- Dental Practice Adviser
- Health Board Contact
- General Dental Council
- Practitioner Services
- Occupational Health or other Support Organisation
- NHS Education for Scotland (NES) VT Lead (only if applicable)

During the remediation process, if the TRaMS programme becomes aware of serious breaches of conduct or a risk to patient safety, they will be obliged to report this to the appropriate authorities or regulatory bodies.

## 7 Declaration:

I declare that, to the best of my knowledge, the information I have given above is correct in every detail.

If accepted, I agree to abide by the Responsibilities of the Registrant section of the Guidance document, including payment of fees/charges for support.

I consent to the sharing of information with and the seeking of information from the Organisations listed in Section 6.

Applicants signature

Date

The completed application form should be return to:  
**Elaine Hodgson, NHS Education for Scotland, Dental Office, Centre for Health Science**  
**Old Perth Road, Inverness IV2 3JH**  
or preferably  
**Emailed to: TRaMS@nes.scot.nhs.uk**

**FOR NES USE**