

DISCLAIMER: For the purposes of the NHS 2004 (No 292) regulations this application is being treated by NHS Education for Scotland as an "application in writing"

APPLICATION FOR A VOCATIONAL TRAINING NUMBER

ONLY FOR APPLICANTS WHO HAVE SUCCESSFULLY COMPLETED VOCATIONAL TRAINING

PLEASE NOTE: This application form cannot be processed until you have submitted an application to an NHS Board (form GP21) to join its dental list. Please see guidance notes.

** Denotes mandatory fields throughout*

PART 1: PERSONAL DETAILS

Preferred Title: * Mr Mrs Ms Miss Dr Other:

First Name: *

Surname: *

Previous Surname:
(if applicable)

Private Address

Address Line 1: *

Address Line 2:

Town: *

Postcode: *

E-mail Address: *

Daytime Telephone No:
(including code)

Mobile Telephone No:

Nationality *

Date of UK Registration as
a dentist: (in dd/mm/yyyy format)

GDC Registration No: *

Qualification entitling you to
be registered as a dentist: *

University / Country where
qualification was gained: * /

Date qualification was
gained: (in dd/mm/yyyy format)

PERSONAL DETAILS Continued

I have applied to join the dental list of an NHS board : * Yes No

Date of application:
(in dd/mm/yyyy format)

NHS Board:

Name of NHS Practice: *

Address Line 1:

Address Line 2:

Town:

Postcode:

Part 2 - APPLICATION CATEGORY**A - Completed Vocational Training *** Yes No

Year of completion: (dd/mm/yyyy)

Scottish region where completed VT:

Was your period of vocational training completed more than five years prior to the date of this application or outside Scotland? *

 Yes NoIf Yes, a copy of VT completion certificate and curriculum vitae must be sent to:
dentalvtnumbers@nes.scot.nhs.uk

Note - This should include all periods of employment within general dentistry since completion of vocational training.

B - European Economic Area national *

I am an EAC national holding a recognised European Diploma (Other than UK) *

 Yes No

Name of EC Country:

Please provide a scanned copy of a certified translation of your original diploma to:
dentalvtnumbers@nes.scot.nhs.uk**C - Dental list or performer number *** Yes NoI already hold a dental list/performer number and my name has been included in the dental list of Health Board/Trust/Primary Care Authority within the period of five years immediately before my application to be included in a dental list.

Dental list/performer number:

Contact details for verification with relevant Health Board/Trust/Primary Care Authority

Telephone Number:

Email Address:

D - Public Dental Service or the Armed Forces * Yes No

I have previously practised in primary dental care for at least four years in the aggregate in either the Public Dental Service or the Armed Forces of the Crown, and have practised in primary dental care for not less than four months in full-time employment (or part-time employment of equivalent duration) within the period of four years immediately before my application to be included in a dental list.

Please submit a scanned copy a letter from your employer confirming your experience:

dentalvtnumbers@nes.scot.nhs.uk

PART 3: EQUALITY AND DIVERSITY MONITORING

We want to ensure that our processes are fair to all. The only way we can ensure there is equal opportunity is to monitor applications we receive and compare the profile of people who apply to those who are successful. Therefore this form asks you for your ethnic origin, gender, disability, religion and sexuality.

The information you provide in this part of the form (Part 3) is confidential and is NOT used in the process of awarding a VT number. It will be separated from the rest of the form when we receive it.

GENDER: Are you Male or Female? Male Female *Prefer not to answer the question*

GENDER IDENTITY:**Have you ever identified as a transgender person?**

Equality Organisations in Scotland use the term "transgender" as an inclusive umbrella term for a diverse range of people who find their gender identity or gender expression differs in some way from the gender they were originally assigned at birth.

Yes No *Prefer not to answer the question*

AGE: What is your Age?

I am years old and my Date of Birth is *Prefer not to answer the question*
in dd/mm/yyyy format

DISABILITY:

Do you consider yourself disabled as defined by the Disability Discrimination Act? Yes No

If yes, are your day to day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months? (including problems related to old age)

Yes, limited a lot Yes, limited a little No *Prefer not to answer the question*

Do you have any of the following?

- Deafness or severe hearing impairment A learning disability (such as Downs Syndrome)
 Blindness or severe vision impairment Dyslexia, Dyspraxia or Dyscalculia
 A physical disability A mental health condition (such as depression or schizophrenia)
 A long term illness (such as diabetes, cancer, HIV, heart disease or epilepsy)

Other (please specify)

NATIONALITY:

What is your nationality? *Prefer not to answer the question*

ETHNIC ORIGIN:**What is your ethnic group?**

(Choose ONE section from A to F then X ONE box which best describes you ethnic group or background).

A. White Scottish English Welsh NorthernIrish British Irish
 Gypsy/Traveller Polish Any other White Ethnic Group

B. Mixed or multiple ethnic groups Any mixed or multiple ethnic groups **C. Asian, Asian Scottish, Asian British**

Pakistani, Pakistani Scottish or Pakistani British
 Indian, Indian Scottish or Indian British
 Chinese, Chinese Scottish or Chinese British
 Bangladeshi, Bangladeshi Scottish or Bangladeshi British
 Any other Asian Ethnic Group

D. African, Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British
 African, African Scottish or African British
 Black, Black Scottish or Black British
 Any other Black Ethnic Group

E. Other ethnic group Arab Other ethnic group **F. Prefer not to answer the question***Prefer not to answer the question* **RELIGION OR BELIEF:****Which religion, religious denomination or body do you belong to?**

Church of Scotland RomanCatholic OtherChristian Hindu Sikh
 Jewish Buddhist Muslim Pagan None
 Anotherreligion *Prefer not to answer the question*

SEXUAL ORIENTATION:**Which of the following best describes your sexual orientation?**

Bisexual Gay Man Heterosexual GayWoman/Lesbian Other

Prefer not to answer the question **CAREGIVING RESPONSIBILITY:****Are you responsible for the day-to-day care outside work of any of the following? (tick all that apply)**

A child or young person
 A sick or disabled person
 An older person
 Other (please specify)
 No / None of the above

Prefer not to answer the question

PART 4 - DECLARATION

I declare that the information I have given in support of my application for a vocational training number, including information supplied on this form and any additional forms, is to the best of my knowledge and belief, true and complete. *

If you require assistance with your application please contact:

The Dental Vocational Training Secretariat
NHS Education for Scotland
102 West Port
Edinburgh EH3 9DN

Tel: 0131 656 3231/4360
dentalvtnumbers@nes.scot.nhs.uk

**Data Protection:**

NES uses the personal data you provide for purposes associated with our responsibilities for health workforce development, including administration of courses, monitoring training programmes and circulating information relating to relevant development opportunities.

For more information see <http://www.nes.scot.nhs.uk/privacy-and-data-protection.aspx>. Personal data will be retained in line with our records retention policies. We will not share your data with third parties.