

# Course Application Form



## NEBDN NATIONAL DIPLOMA IN DENTAL NURSING

### PERSONAL INFORMATION

<b>Title</b> <i>(Mr, Mrs, Miss, Ms, Dr, Other)</i>	
<b>FULL NAME</b>	
<b>DATE OF BIRTH</b> <i>(DD/MM/YYYY)</i>	
<b>NATIONALITY</b>	
<b>EMAIL</b>	
<b>MOBILE</b>	
<b>TELEPHONE</b>	

### CURRENT LOCATION

<b>ADDRESS LINE 1</b>	
<b>ADDRESS LINE 2</b>	
<b>CITY/TOWN</b>	
<b>POSTCODE</b>	

### EMERGENCY CONTACT DETAILS

<b>FULL NAME</b>	
<b>EMAIL</b>	
<b>MOBILE</b>	
<b>RELATIONSHIP TO APPLICANT</b>	

Registered in England & Wales: 08781355

Registered Address: 16 Beresford Square, London, England, SE18 6AY

## EDUCATIONAL HISTORY (if any)

QUALIFICATION NAME	YEAR OF COMPLETION	GRADE

## EMPLOYMENT HISTORY (if any)

COMPANY NAME	POSITION	DURATION

## CRIMINAL BACKGROUND CHECK

DO YOU HAVE/HAD A CRB/DBS CHECK:  Yes  No

If yes, please specify

## MEDICAL DETAILS

PLEASE INDICATE IF YOU HAVE RECEIVED THE FOLLOWING VACCINATIONS:

HEPATITIS B  COVID-19

It is a requirement for employment as a Dental Nurse/Trainee that you are immunised against Hepatitis B. Your employer/placement support team will provide guidance on how and where this can be arranged. This immunisation must be completed before you commence work in any clinical setting.

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**DO YOU HAVE ANY LEARNING DIFFICULTIES AND/OR HEALTH PROBLEMS WHICH AFFECT YOUR ABILITY TO CARRY OUT NORMAL DAY-TO-DAY ACTIVITIES? (PLEASE TICK ALL THAT APPLY):**

- |   |  |
|---|--|
| <input type="checkbox"/> Dyslexia                       | <input type="checkbox"/> Dyscalculia                   |
| <input type="checkbox"/> Visual Impairment              | <input type="checkbox"/> Hearing Impairment            |
| <input type="checkbox"/> Multiple Learning Difficulties | <input type="checkbox"/> Disability Affecting Mobility |
| <input type="checkbox"/> Mental Health Difficulty       | <input type="checkbox"/> Other                         |

Please use this space to tell us if you are having any medical issues.

**FEE & PAYMENT OPTIONS**

**THE TOTAL FEE IS £2,110**

<b>OPTION 1</b> <input type="checkbox"/>	<b>OPTION 2</b> <input type="checkbox"/>
Full Upfront	Initial Deposit: £400
£210 Discount	Exam Registration: £510
Total fee after discount: £1900	Equal Monthly Instalments (£200x6): £1200

*Note: The fees are non-refundable. Please read the refund policy as well as other policies provided by the college.*

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## DATA PROTECTION ACT NOTICE

The information given on this application form will be electronically stored and used for administrative purposes by the organization in accordance with the provisions of the Data Protection Acts 1994 and 1998. The organisation may send you details of relevant courses and qualifications including services that may interest you.

## DECLARATION

I confirm that the information given on this form is true, complete and accurate and that none of the information requested or other material information has been omitted.

I have read and agreed to the terms and conditions of the Forward Academic Team College and accept that if it is discovered that I have supplied false, inaccurate or misleading information, college reserves the full right to cancel my application, withdraw its offer of a place or terminate attendance at the college and I shall have no-claim against Forward Academic Team College in relation there to.

✓ *I agree and also confirm, I have received and been informed about the college policies including the refund policy, complain policy and appeal policy and procedure.*

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Forward Academic Team Limited**

16 Beresford Square

Woolwich, London SE18 6AY

t: 02070180221

e: [info@forwardacademicteam.co.uk](mailto:info@forwardacademicteam.co.uk)

w: [www.forwardacademicteam.com](http://www.forwardacademicteam.com)

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