

Course Application Form



Qualification: NEBDN Level 4 Certificate in Dental Radiography

PERSONAL DETAILS

Full Name			
Date of Birth (dd/mm/yyyy)			
GDC Registration Number		Year	
National Insurance Number			
Email			
Mobile			
Telephone			

ADDRESS

Address line 1			
Address line 2			
City		Postcode	

PERSON TO CONTACT IN CASE OF EMERGENCY

Full Name			
Email			
Mobile			
Relationship to Applicant			

Registered in England & Wales: 08781355

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

QUALIFICATIONS

Qualifications	Institution Name	Year	Grade/Level

CURRENT EMPLOYMENT DETAILS

Current Position	
Name of Practice / Current Employer	
Date of start	
Email	
Phone number	

Name of Practice Manager	
Email	
Phone number	

PREVIOUS EMPLOYMENT DETAILS

Position worked as	
Name of Practice / Employer	
Date of started – Date left	
Phone number	
Name of Practice Manager	
Email	

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.

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 |
| <input type="checkbox"/> None | |

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

FEE & PAYMENT OPTIONS

The total fee including the exam fee is £810

OPTION 1 <input type="checkbox"/>	OPTION 2 <input type="checkbox"/>
Full Upfront	Initial Deposit: £310
Total fee: £810	Equal Monthly Instalments (£250x2): £500

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

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w: www.forwardacademicteam.com

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