



## Dental Professional Support Application Form

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**The Dental Postgraduate Section of the Wales Deanery has implemented the following system to support individuals who are either looking to enter into the provision of Primary Dental Care or who are subject to conditional inclusion on the performers list in Wales or subject to remediation support.**

### PART ONE Requirements

#### 1. Deanery Contact

Applications for Dental Professional Support should be directed to:

**Name:** Rob Davies  
**Job Title:** Dental Professional Support Tutor

**Deanery Office:** Katie Croydon  
Dental Professional Support Unit  
Dental Postgraduate Section  
Wales Deanery  
Cardiff University  
8th Floor, Neuadd Meirionnydd  
Heath Park  
Cardiff  
CF14 4YS

**Tel No:** 02920 687830  
**Email:** croydonka@cardiff.ac.uk

**Named deanery contact will remain the point of contact throughout the designed programme. Individuals should not contact other members of the admin team or Postgraduate Tutors unless directed to do so.**

#### 2. Application form

Please complete and submit the application form in **Part 4**

#### 3. Curriculum Vitae

Your up-to-date CV should be submitted with this application form. **(Including Year of Qualification/ Dental School / Country of Qualification/ Qualifying exams / Up to date List of CPD undertaken etc)**

#### 4. Period of notice for official letters/reports to relevant bodies

If you require a letter to be sent from the Deanery confirming your engagement in the Dental Professional support programme and advised activities, a minimum of 4 weeks notice will be required. Please provide HB/GDC/NCAS or other hearing dates to Rob Davies at your earliest convenience following confirmation of the meeting.

## **PART TWO      Details of Service**

### **Initial Contact**

Upon receipt of your application form and all relevant documentation the level of support required will be identified, and you will be directed to your initial point of contact. The Deanery will be offering 3 levels of support and this will be determined by your pathway of referral and what is required to support you in meeting the conditions that have been placed on you.

### **Overview of the Levels of Support-**

#### **Level 1 – Conditional Inclusions/ Equivalence Support**

- i) Allocation of a PDP Tutor (Max 2 visits)
  - a. Initial Support with Developing your PDP
  - b. Portfolio construction
  - c. Support with Audit
  - d. Appraisal training
- ii) NHS Rules and Regulations course
- iii) Sign posting to relevant Section 2 courses as identified by your PDP

#### **Level 2- Performance Related Issues/ Remediation Support**

In addition to level 1 support

- i) Interview with Dental Support Tutor (Entry/ Exit)
- ii) Letters to relevant bodies e.g Health Boards/ GDC/ NCAS etc
- iii) Additional support from nominated PDP tutor (Max 3 visits in total)

#### **Level 3- Full Professional Support**

In addition to Level 2

- i) Mentoring Support – support in identification of suitable mentor

## **PART THREE      Costs**

Here is an indication of costs for the various levels of support

- o **Level 1 - £810**
- o **Level 2- £1150**
- o **Level 3 - £1930 (Starting from; with additional costs per mentoring visit)**

**These are payable in advance.**

If it is agreed with the individual and tutor that further meetings/ support is required these will be charged at **£150 per Session, payable in advance.**

Cheques should be made payable to Cardiff University and sent to **Katie Croydon, Dental Postgraduate Section, 8<sup>th</sup> Floor, Neuadd Meirionnydd, Heath Park, Cardiff. CF14 4YS.**

Two weeks must elapse between submission of the cheque and the arrangement of the meeting with the Dental Professional Support Tutor to ensure the cheque has cleared successfully.

# Dental Professional Support Application Form

## PART FOUR Your Personal Details

Name:	
GDC Registration Number:	
Correspondence Address:	
Telephone Number:	
Email Address:	
LHB Primary Care Contact Details:	
Defence Union (DDU or DPL) Case Worker Name: Contact Details:	
GDC Case Worker Name : Contact Details:	
Legal Representative: Name: Contact Details:	

### **Notes:**

Please include details of reasons for your application including conditions of inclusion, GDC conditions and hearing dates (where applicable) and any other relevant information to support the educational process:



**PART FIVE Declaration**

To ensure provision of the best possible support to you, the Dental Postgraduate Section, Wales Deanery will:

- Assign only qualified and experienced professionals to assist with your support
- Maintain the confidentiality of your details and;
- Only share your details with relevant bodies with your express permission (see below) or if required by law

**Signed:**

**For Wales Deanery**

**Date:**

For your part, please sign and date this form as indicated below to confirm your agreement with the following:

- To the best of my knowledge, the details I have provided are complete, up-to-date and accurate
- I give my consent to the Dental Professional Support Tutor to contact the case workers involved in my case, where necessary
- I will only discuss my case with nominated members of deanery staff
- I enclose my up-to-date CV
- I enclose a cheque for **£810** to cover the cost for initial entrance into the Dental Professional Support Programme, and understand that I will be notified as to which level of support that I will be allocated, and agree to pay the balance prior to entrance into that phase of support.

Signed:

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Date:

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