Workforce Training & Education
Thames Valley & Wessex
Dental Directorate

NHS England South East

FORM A

Dental Foundation Training 2024-2025

Practice Owner & Educational Supervisors Joint Application

This form should be completed by ALL Educational Supervisors and Training practices REAPPLYING for dental foundation training posts 2024-2025
(This is not an application for employment)

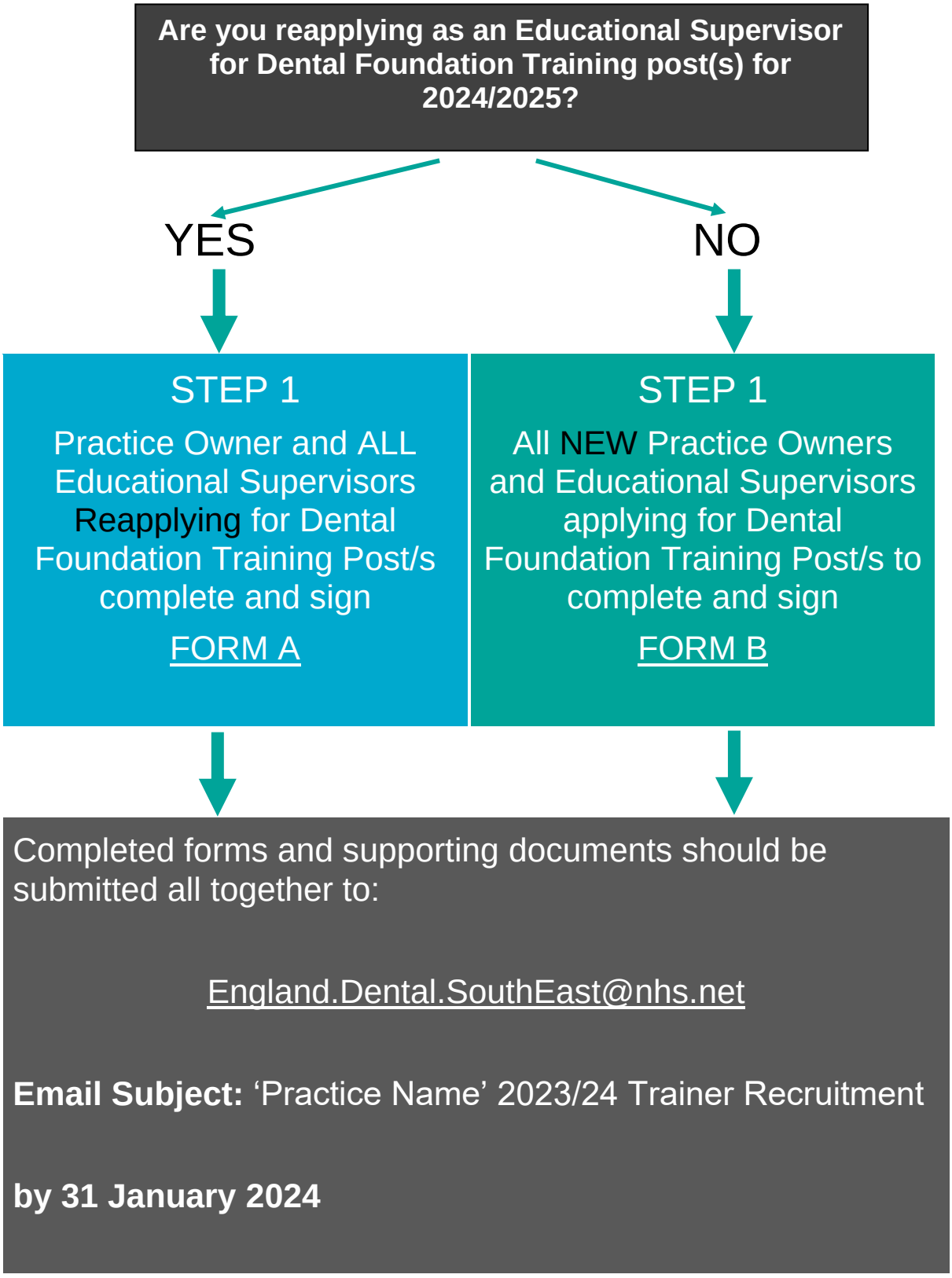
To be completed in conjunction with
Dental Trainer Application Guidance 2024-2025

Application Form must be completed electronically and returned to
England.Dental.SouthEast@nhs.net
by
31 January 2024

To be completed and signed by PRACTICE OWNER and ALL APPLICANTS

Contents:

Application Process STEP BY STEP



Section 1 : DENTAL PRACTICE INFORMATION:

Practice Details					
Practice Name					
Practice Full Address					
	Postcode				
Practice Telephone Number					
Practice V/ODS Code[1]					
Practice Website Link					
Latest practice CQC visit Date					
Practice Manager Full Name					
Practice Manager email Address					
Practice Manager Tel No					
Do you agree for the practice details (name / address / website / tentative scheme) to be published on the national website?		Yes	☐	No	☐

[1] Practice V/ODS Code
An ODS code (also called an Organisation code) is a unique code created by the Organisation Data Service within NHS Digital, and used to identify organisations across health and social care. ODS codes are required in order to gain access to national systems like NHSmail and the Data Security and Protection Toolkit.
How to find your code? Please refer to the Digital Social Care website: https://www.digitalsocialcare.co.uk/latest-guidance/how-to-find-your-ods-code/

Section 2 : APPLICANT DETAILS : To be completed by all Applicants

Applicant 1

Applicant Full Name				
Applicant email address				
Applicant Mobile Number				
Gender	Male			☐
	Female			☐
	Do not wish to disclose			☐
GDC Number		Performer No		
Type of training post applied for:	DFT			☐
	DTFT			☐
	DFT & DTFT			☐
	Hampshire JDFCT			☐
	Oxford JDFCT			☐
Are you applying to be a sole or joint Educational Supervisor?	Joint	☐	Sole	☐
Will you be present in the practice with a trainee dentist for minimum 3 days a week?	Yes	☐	No	☐
What is your minimum personal NHS UDAs commitment	< 500 UDAs			☐
	500–3,500 UDAs			☐
	3,500–7,500 UDAs			☐
	>7,500 UDAs			☐
Please provide the number of UDAs personally achieved by 31 March 2023 ***You are required to submit your personal activity statement for the period 01/04/22 – 31/03/23***				
What is the Practice UDA target? ***You are required to submit your practice activity statement for the period 01/04/22 – 31/03/23***				
Do you have a current Personal Development Plan (PDP)?	Yes	☐	No	☐

Applicant 2

Applicant Full Name				
Applicant email address				
Applicant Mobile Number				
Gender	Male			☐
	Female			☐
	Do not wish to disclose			☐
GDC Number		Performer No		
Type of training post applied for:	DFT			☐
	DTFT			☐
	DFT & DTFT			☐
	Hampshire JDFCT			☐
	Oxford JDFCT			☐
Are you applying to be a sole or joint Educational Supervisor?	Joint	☐	Sole	☐
Will you be present in the practice with a trainee dentist for minimum 3 days a week?	Yes	☐	No	☐
What is your minimum personal NHS UDAs commitment	< 500 UDAs			☐
	500–3,500 UDAs			☐
	3,500–7,500 UDAs			☐
	>7,500 UDAs			☐
Please provide the number of UDAs personally achieved by 31 March 2023 ***You are required to submit your personal activity statement for the period 01/04/22 – 31/03/23***				
What is the Practice UDA target? ***You are required to submit your practice activity statement for the period 01/04/22 – 31/03/23***				
Do you have a current Personal Development Plan (PDP)?	Yes	☐	No	☐

Applicant 3

Applicant Full Name				
Applicant email address				
Applicant Mobile Number				
Gender	Male			☐
	Female			☐
	Do not wish to disclose			☐
GDC Number		Performer No		
Type of training post applied for:	DFT			☐
	DTFT			☐
	DFT & DTFT			☐
	Hampshire JDFCT			☐
	Oxford JDFCT			☐
Are you applying to be a sole or joint Educational Supervisor?	Joint	☐	Sole	☐
Will you be present in the practice with a trainee dentist for minimum 3 days a week?	Yes	☐	No	☐
What is your minimum personal NHS UDAs commitment	< 500 UDAs			☐
	500–3,500 UDAs			☐
	3,500–7,500 UDAs			☐
	>7,500 UDAs			☐
Please provide the number of UDAs personally achieved by 31 March 2023 ***You are required to submit your personal activity statement for the period 01/04/22 – 31/03/23***				
What is the Practice UDA target? ***You are required to submit your practice activity statement for the period 01/04/22 – 31/03/23***				
Do you have a current Personal Development Plan (PDP)?	Yes	☐	No	☐

Applicant 4

Applicant Full Name				
Applicant email address				
Applicant Mobile Number				
Gender	Male		☐	
	Female		☐	
	Do not wish to disclose		☐	
GDC Number		Performer No		
Type of training post applied for:	DFT		☐	
	DTFT		☐	
	DFT & DTFT		☐	
	Hampshire JDFCT		☐	
	Oxford JDFCT		☐	
Are you applying to be a sole or joint Educational Supervisor?	Joint	☐	Sole	☐
Will you be present in the practice with a trainee dentist for minimum 3 days a week?	Yes	☐	No	☐
What is your minimum personal NHS UDAs commitment	< 500 UDAs			☐
	500–3,500 UDAs			☐
	3,500–7,500 UDAs			☐
	>7,500 UDAs			☐
Please provide the number of UDAs personally achieved by 31 March 2023 ***You are required to submit your activity statement for the period 01/04/22 – 31/03/23***				
What is the Practice UDA target? ***You are required to submit your practice activity statement for the period 01/04/22 – 31/03/23***				
Do you have a current Personal Development Plan (PDP)?	Yes	☐	No	☐

Section 3 : DENTAL FOUNDATION TRAINING POSTS

How many **DENTAL FOUNDATION** posts are you applying for:

One ☐	Two ☐	Three ☐	Four ☐

	Please select 'Yes' / 'No'	
	Yes	No
Please confirm that all Foundation Dentists you are applying for will work in their own surgeries throughout the Foundation Training Year	☐	☐

Posts	Please enter name(s) of Trainer(s) next to each post applied for *If the practice is applying for 2 or 3 DFT posts, names of Educational Supervisors have to be entered next to each post*	
Post 1	ES 1 Name:	
	ES 2 Name:	
	ES 3 Name:	
Post 2	ES 1 Name:	
	ES 2 Name:	
	ES 3 Name:	
Post 3	ES 1 Name:	
	ES 2 Name:	
	ES 3 Name:	
Post 4	ES 1 Name:	
	ES 2 Name:	
	ES 3 Name:	

Section 4 : TIMETABLES (please complete for all posts applied for)

DFT POST 1_Timetable 1			
If ES works only 3 days a week, please provide the name of Clinical Supervisor (CS)			
No more than one evening per week and one SATURDAY per month. If trainee attends study day on THURSDAY, please enter: 7hrs study day - these count towards a total of 35 weekly hours.			
ES 1 Full name		Initials:	
ES 2 Full name (if joint)		Initials:	
ES 3 Full name (if joint)		Initials:	
CS Full name (if applicable)		Initials:	

Working hours between 8am and 8pm 35 total hours per week excluding breaks													
	Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**		
	Time	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Total weekly hours**
AM Start Time													
AM Finish Time													
Break													
PM Start Time													
PM Finish time													
Total daily hours worked excluding breaks													

DFT POST 2_Timetable 2			
If ES works only 3 days a week, please provide the name of Clinical Supervisor (CS)			
No more than one evening per week and one SATURDAY per month. If trainee attends study day on THURSDAY, please enter: 7hrs study day - these count towards a total of 35 weekly hours.			
ES 1 Full name		Initials:	
ES 2 Full name (if joint)		Initials:	
ES 3 Full name (if joint)		Initials:	
CS Full name (if applicable)		Initials:	

Working hours between 8am and 8pm 35 total hours per week excluding breaks													
	Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**		
	Time	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Total weekly hours**
AM Start Time													
AM Finish Time													
Break													
PM Start Time													
PM Finish time													
Total daily hours worked excluding breaks													

DFT POST 3_Timetable 3			
If ES works only 3 days a week, please provide the name of Clinical Supervisor (CS)			
No more than one evening per week and one SATURDAY per month. If trainee attends study day on THURSDAY, please enter: 7hrs study day - these count towards a total of 35 weekly hours.			
ES 1 Full name		Initials:	
ES 2 Full name (if joint)		Initials:	
ES 3 Full name (if joint)		Initials:	
CS Full name (if applicable)		Initials:	

Working hours between 8am and 8pm 35 total hours per week excluding breaks													
	Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**		
	Time	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Total weekly hours**
AM Start Time													
AM Finish Time													
Break													
PM Start Time													
PM Finish time													
Total daily hours worked excluding breaks													

DFT POST 4_Timetable 4			
If ES works only 3 days a week, please provide the name of Clinical Supervisor (CS)			
No more than one evening per week and one SATURDAY per month. If trainee attends study day on THURSDAY, please enter: 7hrs study day - these count towards a total of 35 weekly hours.			
ES 1 Full name		Initials:	
ES 2 Full name (if joint)		Initials:	
ES 3 Full name (if joint)		Initials:	
CS Full name (if applicable)		Initials:	

Working hours between 8am and 8pm 35 total hours per week excluding breaks													
	Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**		
	Time	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Total weekly hours**
AM Start Time													
AM Finish Time													
Break													
PM Start Time													
PM Finish time													
Total daily hours worked excluding breaks													

Section 5 : DENTAL FOUNDATION **THERAPY** TRAINING POSTS

How many **DENTAL FOUNDATION THERAPY** posts are you applying for:

One ☐	**Two** ☐

	Please select 'Yes' / 'No'	
	Yes	No
Please confirm that all Foundation Dentists you are applying for will work in their own surgeries throughout the Foundation Training Year	☐	☐

Posts	Please enter name(s) of Trainer(s) next to each post applied for *If the practice is applying for 2 or 3 DFT posts, names of Educational Supervisors have to be entered next to each post*	
Post 1	ES 1 Name:	
	ES 2 Name:	
	ES 3 Name:	
Post 2	ES 1 Name:	
	ES 2 Name:	
	ES 3 Name:	

DTFT POST 1_Timetable 1			
If ES works only 3 days a week, please provide the name of Clinical Supervisor (CS)			
No more than one evening per week and one SATURDAY per month. If trainee attends study day on THURSDAY, please enter: 7hrs study day - these count towards a total of 22.5 weekly hours.			
ES 1 Full name		Initials:	
ES 2 Full name (if joint)		Initials:	
ES 3 Full name (if joint)		Initials:	
CS Full name (if applicable)		Initials:	

Working hours between 8am and 8pm 22.5 total hours per week excluding breaks													
	Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**		
	Time	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Total weekly hours**
AM Start Time													
AM Finish Time													
Break													
PM Start Time													
PM Finish time													
Total daily hours worked excluding breaks													

DTFT POST 2_Timetable 2			
If ES works only 3 days a week, please provide the name of Clinical Supervisor (CS)			
No more than one evening per week and one SATURDAY per month. If trainee attends study day on THURSDAY, please enter: 7hrs study day - these count towards a total of 22.5 weekly hours.			
ES 1 Full name		Initials:	
ES 2 Full name (if joint)		Initials:	
ES 3 Full name (if joint)		Initials:	
CS Full name (if applicable)		Initials:	

Working hours between 8am and 8pm 22.5 total hours per week excluding breaks													
	Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**		
	Time	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Time**	**Trainer Initials**	**Total weekly hours**
AM Start Time													
AM Finish Time													
Break													
PM Start Time													
PM Finish time													
Total daily hours worked excluding breaks													

Section 6: Declarations & Signatures

Practice Owner / Clinical Director

This section should be completed by the Practice Owner, Clinical Director or a designated person with the approval of the Practice Owner

Please answer: 'Yes, I confirm all the above' or provide a reason why you cannot confirm some of the points

1. All information and documentation provided is accurate and up to date.
2. All prospective Educational and Clinical Supervisors have consented to their names being listed in this form.
3. Declaration for CQC compliance is truthful and accurate.
4. The practice will be able to offer a training place(s) from 1st September 2024 to 31st August 2025.
5. Approval as a training practice does not guarantee a place on any NHS England, Workforce Training & Education, Thames Valley & Wessex Local Office training schemes.
6. If selected, the training practice and I will ensure that the Foundation Dentist is employed by the Lead Employer and hosted at the practice under the terms of the nationally agreed contract.
7. The practice is not applying to any other NHS England, Workforce Training & Education scheme this year.
8. The practice and the practice owner are not a subject of any disciplinary proceedings or investigations by the NHSE / ICB / GDC.
9. The practice agrees to be visited by NHS England, Workforce Training & Education, Thames Valley & Wessex Dental Directorate if deemed necessary, and understand that this may last between two and six hours.
10. Professional references will be requested from GDC and NHSE Commissioners by NHS England, Workforce Training & Education, Thames Valley & Wessex Dental Directorate.
11. If the practice has been deemed unappointable in the recruitment process, it may be precluded from applying to other NHS England, Workforce Training & Education training programmes, such as Performers List Validation by Experience.
12. The decision of NHS England, Workforce Training & Education, Thames Valley & Wessex Dental Directorate shall be final.
13. Personal information provided in this application form will be used in accordance with the General Data Protection Regulation 2018.
14. I understand that the practice may be offered a LTFT (Less Than Full Time) trainee and payments will be pro-rata'd accordingly.
15. This form has been completed with full approval of the Clinical Director and Practice Owner.

Interviews

I confirm the Practice Owner and prospective Educational Supervisor/s will be available to attend 2024 Trainer Recruitment Interviews, if required to do so, on:

THURSDAY 18th April 2024 at Chancellor Court, 4150 John Smith Drive, Oxford Business Park South, Oxford, OX4 2GX

Applicant Declarations

This section should be completed by the Applicant (Educational Supervisor) only

	Applicant Declarations please enter Yes or No				
1	I will be available from 1st September 2024 in the practice to supervise a Foundation Dentist/Therapist and intend to remain working in this practice until August 2025	**Yes**	☐	**No**	☐
2	I will be available to attend all mandatory Foundation meetings, conference and events as listed in the Applicant Guidance 2024-2025	**Yes**	☐	**No**	☐
3	I understand that approval/selection as an Educational Supervisor does not guarantee me a place on the Foundation Training Scheme and that the decision of the recruitment panel shall be final	**Yes**	☐	**No**	☐
4	I understand that I am providing you with personal information and that this will be used in accordance with the General Data Protection Regulation 2018	**Yes**	☐	**No**	☐
5	I am not currently a subject of fitness to practice investigation or proceedings by a licensing or regulatory body in the UK and I do not have current conditions with the GDC or NHS England	**Yes**	☐	**No**	☐
6	I agree for NHS England, Workforce Training & Education, Dental Office to seek references	**Yes**	☐	**No**	☐
7	I hereby certify that the above facts are true to the best of my knowledge and belief	**Yes**	☐	**No**	☐
Please provide further details if you are unable to certify that any of the above declarations are true					

Declaration Signatures

Practice Owner name	
Practice Owner signature	
Date	
Applicant 1 Name	
Applicant signature	
Date	
Applicant 2 Name	
Applicant signature	
Date	
Applicant 3 Name	
Applicant signature	
Date	
Applicant 4 Name	
Applicant signature	
Date	

EACH APPLICANT LISTED ABOVE NEEDS TO COMPLETE AND SIGN THIS APPLICATION FORM

Section 7: Supporting Documents

Mandatory supporting documents for each practice to be submitted together with this application form:

Supporting Document	Please select 'Yes' if provided / 'No' if not provided or N/A if not applicable		
	Yes	No	N/A
Practice 2022-2023 BSA (Business Service Authority) End of Year Statement	☐	☐	☐
Personal 2022-2023 BSA (Business Service Authority) End of Year Statement	☐	☐	☐
Clinical Supervisor(s) CV *if applicable*	☐	☐	☐
Copy of latest CQC inspection report if your inspection 'Requires improvement' or 'Inadequate'	☐	☐	☐
Self-Assessment Declaration Form	☐	☐	☐

Save Application Form

Submit Application Form