**Orthodontics Training Programme Director Application Form**

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| Job Title | Training Programme Director |
| Specialty | Orthodontic (ST1-3) |

**Personal Details**

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| --- | --- | --- | --- |
| Title |  | | |
| Surname / Family Name |  | | |
| First Names |  | | |
| Address |  | | |
| Postcode |  | Country |  |
| Home Telephone |  | Mobile Telephone |  |
| Work Telephone |  | May we contact you at work? | Yes  No |
| Email Address |  | | |

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| **GDC Registration** | |
| Do you have FULL registration with a licence to practice with the GDC? | Yes  No |
| GDC Number: |  |

|  |  |
| --- | --- |
| **Other relevant information relevant to application** | |
| Are you on the Specialist Register? | Yes  No |
| Do you have a substantive contract as an NHS Consultant/Specialist | Yes  No |
| Do you have at least one years experience as a trainer in the specialty? | Yes  No |

**Current Employer**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer Name |  | | | | | | |
| Address |  | | | | | | |
| Post Title |  | Grade |  | | | | |
| Specialty |  | Equivalent Level |  | | | | |
| Start Date |  | End Date |  | | | | |
| Duration of post: | | | |  | Years |  | Months |

**Supporting Information**

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| **Knowledge and Skills** |
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| **Experience** |
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| **Other (including your reasons for applying for the post)** |
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