**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: |       |

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| **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**

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| --- | --- |
| 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)** |
|       |