**Healthy Living Dentistry**

## EXPRESSION OF INTEREST FORM:

## I am interested in becoming a Healthy Living Dental Practice.

## What do I need to do next?

## Complete the checklist below and send to Healthy Living Dentistry (email and postal address)

## Identify your oral health lead and dental health champion within your practice

## Book the training sessions for oral health lead and dental champion through HEE <https://www.maxcourse.co.uk/henw/guestHome.asp>

## Start to discuss in your team how you can improve health. This means that you will be one step ahead by the time you come to the training.

## Checklist for dental practices- Level 1

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement | Name | Date training booked | Date training completed |
| Oral health lead |  |  |  |
| Dental health champion (s) |  |  |  |

## I confirm that:

## The practice is committed to delivering better oral health ❑

## The practice meets the NHSE contractual requirements ❑

## The practices complies with HTM 01-05 essential standards

## and CQC standards ❑

## All clinicians have been trained to level 2 in Safeguarding ❑

## Signed Date

## Practice Name

## Practice Address

## Send to england@healthyliving.gmdental.nhs.net