

NEBDN National Diploma in Dental Nursing

Application form for 30th January 2017 intake

Your details

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| Title: First name: Last name: |
| Mobile: Email: |
| Address:  Postcode: |

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| Next of kin( in case of emergency):  Next of Kin’s address:  Mobile no: |

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| Previous qualifications and/or study experience - please state subjects and dates: |

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| Where do you currently work?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you feel you are competent to complete this course?  YES 🞎 NO 🞎 Comments: |

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| Are you able to set adequate time aside at home to study on a regular basis following a timetable?  YES 🞎 NO 🞎 Comments: |
| This Course requires the use of a computer. You will need to be able to upload/download files, word process documents. Do you fell confident to do this?  YES 🞎 NO 🞎 Comments: |
| How did you hear about Dental Premier College?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Declaration  I wish to enrol for the above course and will pay £\_\_\_\_\_\_\_ Full Fee[ ] Deposit[ ]  by cash/cheque/bank transfer then from February 2017 will pay £255/month for 5 months and the final balance on June 2017.  I am aware of the fact that by completing, signing and making payment for the stated course, it becomes a binding contract.  Statement of Truth  By completing the application form, you are making a statement of truth that:   1. You are in employment as a trainee dental nurse or willing to find a position within 12 weeks of starting the course. 2. You are not on the Criminal Records Register 3. You will undertake the Dental Premier course with the diligence necessary to assimilate the training materials 4. You will complete the tests after each section, and complete to the best of your ability all required coursework (Records of Experience) 5. You believe that your literate and numerate skills are at least to gcse standard 6. You have access to the internet and broadband in order to undertake your course 7. The course fees are non refundable if I decide to leave the course for any reason   Anyone found to falsify any of the above statements may be expelled from the course and will forfeit their fee.  Student’s name:…………………………………………………Date…………………….  Signature:………………… |