

# DENTAL FOUNDATION TRAINING PANEL

## APPLICATION FOR A DENTAL FOUNDATION TRAINING NUMBER

You are required to complete this form, ensuring that you provide all information requested, so that NIMDTA can determine your entitlement to a Dental Foundation training number.

### PART 1: PERSONAL DETAILS

Surname \_\_\_\_\_ Date of UK registration as a dentist: \_\_\_/\_\_\_/\_\_\_  
Registration No.(issued by GDC): \_\_\_\_\_

Other names \_\_\_\_\_ Qualification which enables you to be  
registered as a dentist:  
\_\_\_\_\_

Private address \_\_\_\_\_ Date of gaining that qualification: \_\_\_/\_\_\_/\_\_\_  
\_\_\_\_\_ Please state the country where it was gained:  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Nationality \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Email Address \_\_\_\_\_

I have applied to be included in the dental list of \_\_\_\_\_ LCG, HSCB

### PART 2: DECLARATION

Please select from section 2.1, 2.2 or 2.3 below.

**2.1 I have completed dental foundation training which commenced on or after  
1 October 1993, YES NO**

Please state the full names and registered addresses of your Foundation  
Training practices

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

**2.2 I am exempt from the requirement to complete dental foundation training because:**

a) I am an EC national holding a recognised European diploma, YES NO  
or,

b) My name has been included in a dental list of the YES NO  
HSCB/another UK NHS Commissioning organisation within the  
period of five years immediately before my application to be  
included in the above dental list,

**Please note that where exemption of the requirement to undergo dental foundation training is claimed on the ground that your name has been included in a dental list of the HSCB/UK NHS Commissioning organisation within the period of five years immediately preceding your current application to the HSCB/UK Commissioning organisation you should state below your previous practice address(es) and contact number(s).**

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or,

c) I have completed a course of dental foundation training under a YES NO  
voluntary scheme,  
or,

d) I have previously practised in primary dental care for at least YES NO  
four years full-time (or an equivalent period part-time), in either  
the Community Dental Service or the Armed Forces of the  
Crown, and have practised in primary dental care in either of  
those services within the period of four years  
immediately before my application to be included in a dental list,

**PLEASE PROVIDE FURTHER DETAILS BELOW**

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or,

e) I was, at 1 October 1993, employed as a Senior House Officer YES NO  
or Registrar in a hospital in the United Kingdom,

**PLEASE PROVIDE FURTHER DETAILS BELOW**

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or,

- f) I was, at 1 October 1993, enrolled on a course intended to lead to a Masters degree or a membership Diploma in clinical dentistry, YES NO  
**PLEASE PROVIDE FURTHER DETAILS BELOW**

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**OR**

- 2.3 I consider that I have acquired experience and/or training which should be regarded as equivalent to dental foundation training.** YES NO

**Please note that if you are applying for a Dental Foundation Number under section 2.3 that you are required to submit all supporting evidence in order for the panel to make their consideration at the time of application.**

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**PART 3: OTHER INFORMATION**

Where you indicate that certificates are enclosed with your application, you are reminded that **original documents, and not photocopies, should be submitted.**

If you need more space in any section of the form, please use a separate sheet of paper and detail to which part of the application form it refers.

By signing this form below, you are declaring that all information provided is true and correct.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

After completion, the form should be sent, together with any necessary supporting certificates and information, to:

Dental Foundation Training Team  
N I Medical & Dental Training Agency  
Beechill House  
42 Beechill Road  
BELFAST  
BT8 7RL

The HS48A form can be emailed to [DentalFoundation.nimdta@hscni.net](mailto:DentalFoundation.nimdta@hscni.net), **but original certificates must be sent via normal mail.**