

# NATIONAL EXAMINING BOARD FOR DENTAL NURSES


## Candidate Registration Form (CRF) – Post Registration Qualifications

Please use this form to register your candidate with us for their target qualification and to provisionally enter them for their target examination date. Please use the Notes for Completion on the reverse of this form.

| Section 1: Examination details  |  |
|---|--|
| Target qualification:   |  |
| Target examination date:  |  |
| If you wish to apply for a Reasonable Adjustment, please tick the box below and we will email you the Policy and Application Form <input type="checkbox"/>                        |  |
| <b>Examination Centre:</b> Please tick below where the candidate will be taking their examination. Please see the notes for completion overleaf in regards to examination centres |  |
| Course provider location <input type="checkbox"/>   | NEBDN's Manchester centre <input type="checkbox"/> |

| Section 2: Candidate details:   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Title (please circle)   | Mr / Mrs / Miss / Ms / Other (specify)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First name(s)   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address   | Town <span style="float: right;">County</span>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode  | Telephone number  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email address - please print clearly, one character per box   | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NEBDN No (if applicable)  | GDC No (attach copy certificate)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>Important:</b> Please refer to the notes overleaf. Please then indicate your preferred method of communication from NEBDN:</p> <p style="text-align: center;">Post <input type="checkbox"/>      Email <input type="checkbox"/></p> |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Candidate signature   | Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| Section 3: Course Provider details (to be completed by the course provider) |                         |   |   |   |                       |   |   |
|---|-------------------------|---|---|---|-----------------------|---|---|
| Centre number   | 0                       | L | 0 | 7 | 2                     | 1 | 4 |
| Course provider name  | Dental Sedation Courses |   |   |   |                       |   |   |
| Contact name  | Dr Andrew Jones         |   |   |   | Position: Course lead |   |   |

|                          |  |   |      |
|--------------------------|--|---|------|
| Telephone number         | 7932313858   | Email: <a href="mailto:andrew@dentalsedationcourses.co.uk">andrew@dentalsedationcourses.co.uk</a> |      |
| Signature                |  | GDC No 211631<br>(if applicable)  | Date |
| For NEBDN use only       |  |   |      |
| Checked and processed by |  | Date  |      |

## CRF Notes for Completion

### Section 1: Examination Details

- Target qualification - which qualification is the candidate being registered for? (eg. Certificate in Oral Health Education)
- Target examination date - which examination is the candidate being provisionally entered for? (eg. September 2019)
- Reasonable Adjustments application - please tick if the candidate wishes to apply for a Reasonable Adjustment. On receipt of the CRF, NEBDN will send a copy of the Policy and Application Form to the candidate by email. The Policy and Application Form are also available on our website at [www.nebdn.org](http://www.nebdn.org). Once the Application Form is completed, please ensure this is returned to NEBDN for consideration.

### Post Registration Qualifications

All post registration qualification examinations will be held in course provider centres where possible. There will be four session times throughout the day. If the course provider is unable to host all their examinations all candidates will be allocated to the centre in Manchester. Please indicate if the candidate is sitting at the course provider location or at NEBDN's Manchester centre.

### Section 2: Candidate Details

- First Name(s) and Surname - it is important to ensure that the name on this CRF is spelt correctly and matches your photographic identification. The name on this CRF will appear on any certificates you are eventually awarded.
- Address - please tell us your full address including the town, county and postcode.
- Telephone number - what number would you prefer us to contact you on? Please indicate the number on this form.
- Email address - it is essential that you write your email address clearly.
- GDC Number - please tell us your GDC (or IDC) registration number. If you have previously been registered with us, please tell us your NEBDN number. Please also attach a photocopy of your GDC or IDC registration certificate to this form.
- **Important:** This form is used for registering your intention to take the qualification you have indicated. This means that NEBDN will need to make contact with you in relation to this qualification to ensure that you receive all the relevant information. NEBDN would also like to contact you about other qualifications which we offer whilst you are taking this qualification and for five years following successfully passing this examination. If you are happy for us to do this, please indicate your preferred means of communication in the boxes above the Candidate signature section of the form. **Please note** - candidate notices and result letters will be sent via post. Please refer to our Privacy Notice at [www.nebdn.org](http://www.nebdn.org) for further information.
- Candidate signature and date - don't forget to sign and date the form.

### Section 3: Course Provider details

- Centre number - as issued by NEBDN
- Contact name and position - the Course Director, Tutor, Administrator or other person responsible for the course
- Telephone number and email - just in case we have any queries