#### Participant on Dental Appraiser Courses

# NEW DENTAL Appraiser APPLICATION FORM

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| Please ensure all relevant areas of the application form have been completed (complete the grey boxes). **Please return your completed Form to** **Harry.Peat@nhs.scot** **as an email attachment.** |

## 1) Your details

|  |  |
| --- | --- |
| **Title:** |       |
| **First Name:** |       |
| **Last Name:** |       |
| **GDC Number:** |       |
| **Email Address:** |       |
| **Phone Number:***Alternative Number* |            |
| **Health Board:** |       |

## 2) About You

**Your answers to the questions below should give examples that draw on your own experience and are directly relevant to the Appraiser Role and personal specification criteria.**

The information provided will assist the Course Tutors in preparing for your course participation. Where possible participants will not be paired with tutors who are work colleagues.

(The grey boxes will expand as you type into them)

|  |
| --- |
| Background:*Please tell us about your qualifications, date of completion of your training, your clinical and any other roles.*      |
| As an Appraiser:*Please tell us why you wish to be an appraiser, and what you anticipate may be your strengths and weaknesses in this role.*      |
| *What particular skills and knowledge do you have that would be relevant to the role of Appraiser?*      |
| *What particular challenges do you anticipate as an appraiser?*      |
| Please tell us what you hope to learn through participation in this training:*We hope to develop the training progressively. We have ideas about what we think will be useful for appraisers to learn but we want to meet the participants’ learning needs.*      |
| When was your last appraisal?       |

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## 3) Availability for Dental Appraiser Training

Please review the list of available Dental Appraisal courses, and choose up to THREE that match up with your availability. In the table below, please provide details of the course you wish to attend in order of your preference (please cite course reference number).

***The Dental Appraiser training courses are run over TWO HALF-DAYS. For continuity of training, you must attend both half-days of your allocated course when you are a participant. You will also be required to have completed the relevant pre-course work before attending in order that you can maximise your own and your colleagues learning experience at the events.***

***![video[1]]()Please note that due to the nature of the remote training delivery, it is a requirement of the course that participants attend the training with video and audio enabled devices to maximise your learning experience.***

***\*\*This is crucial for day 2 as you will participate in roleplay session in the appraiser and appraisee roles.\*\****

***It is also a requirement that participants are prepared to participate in video recording of some sessions should the situation require, for example if either a tutor or participant has to withdraw early from the scheduled event***

***You will be informed prior to video recording taking place and any recordings will only be kept for a max of 8 weeks when MS Teams setup will be deleted.***

**Please enter the relevant course reference(s)**:

|  |  |  |
| --- | --- | --- |
| **1st Choice** | **2nd Choice** | **3rd Choice** |
|       |       |       |

**Please proceed to next page to complete the Declaration to finish.**

# Declaration

*I declare that if I am successful with my application to be a participant on a Dental Appraisers training course, I can attend the training days indicated above. I undertake to complete all pre-course and inter-course work required. If I am unsuccessful on this occasion I understand that my name will be kept for future training days and I may be contacted in the future.*

Please click on the grey boxes to confirm the following statements:

|  |  |
| --- | --- |
| **I declare that the information I have given in this application form is, to the best of my knowledge and belief, true and complete.** | [ ]  |
| **I am currently practising in my specialty and intend to do so for the next 2 years.** | [ ]  |
|  |  |
| **Type Name/Electronic Signature:** |  |
| **Date:** *(dd/mm/yyyy)* |  |