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 BASINGSTOKE\*FARNBOROUGH\*FELTHAM

Please Attach  
 One  
 Passport size  
 Photograph

## APPLICATION FORM - DIPLOMA IN DENTAL NURSING

Please ensure all sections are fully completed with valid information.

### 1) PERSONAL DETAILS

First Name		Email	
Middle Name		House\Flat No.	
Last Name		Street	
Gender		Town/City	
DOB (dd/mm/yyyy)		County	
Place of Birth		Postcode	
Nationality		Driving Licence No.	
Telephone No.		NI No.	
Mobile No.		Country	

### 2) QUALIFICATIONS

Please provide us with a full list of the qualifications that you have attained.

Institutions/Training Organizations	Date of Study	Qualifications/ Subject Taken

### 3) EMPLOYMENT DETAILS

**Have you had experience as a dental nurse? If yes, how many months / years?**

Yes  No .....years .....months

**Are you currently employed as a dental nurse?**

Yes  No

If yes, how long have you been working as a dental nurse? .....years .....months

Is this part- time or full-time employment?

Full time  Part time

Name of current employer	
Address line 1:	
Address line 2:	
City:	Postcode:
Tel No:	
Start date:	

**OTHER EMPLOYMENT HISTORY**

Name & Address of Previous and present Employer(s) & Nature of Business (Starting with the most recent)	Position Held	From Month /Year	To Month / Year	Reasons for leaving

**4) YOUR VACCINATION RECORD**

What following vaccination have you had in the past 10 years			
Hepatitis B (If yes, when is your booster due)			
Tuberculosis (BCG)			
Pertussis			
Tetanus			
MMR			
Poliomyelitis			
Meningitis			
Diphtheria			
Chicken Pox			
Please provide documentary evidence (a copy of original certification) or a Letter from your GP together with this application form.			

Hospitals in the UK may not employ healthcare workers unless they are able to produce documentary evidence of Hepatitis B status.

Do you have a criminal record?       **Yes**  **No**

Have you had a DBS (Disclosure & Barring Service) check carried out?       **Yes**  **No**

If yes, please provide the DBS Certificate number ..... and date of issue.....

## 5) SPECIAL REQUIREMENTS

To enable us to give you the support you need, please indicate any special requirements (this information is completely confidential, will not be shared with any third party and is intended to help us in helping you)

Dyslexia               Disability               Deaf  
 Childcare               Other \_\_\_\_\_

Please state the nature of disability: \_\_\_\_\_

## 6) DATA PROTECTION ACT NOTICE

Everest Education Limited will use the personal data you have included on this form for the purpose of processing your application and for administrative purposes.

The information given on this application form will be electronically stored and used in accordance with the provisions of the General Data Protection Regulations and Data Protection Acts 1998 and 2018.

We will retain your personal data for as long as is required for that purpose.

Everest Education Limited may send you details of relevant courses and qualifications including services that may interest you.

If you do not wish to receive such information, please tick this box

## 7) DECLARATION

I have checked all the details given in this application form carefully and give my consent to Everest Education Ltd to record and process the information which I declare to be accurate. I agree to the terms and conditions and confirmed I have been informed and received all the important policies including the refund policy at Everest Education Ltd.

APPLICANT'S SIGNATURE:

DATE:

**How did you hear about us:**     Google     Facebook     Instagram     Friends     Other

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