Dental Peer Reviewer

APPLICATION FORM

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|  | Your personal details |  |
|  | Title:  |  |  |
| Forename(s):  |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Contact number(s) |  |
| Email address: |  |
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| **Professional qualifications:**

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| **Professional Registration - GDC (PIN) Number and Revalidation Date:** |
| **Relevant professional qualifications attained and other relevant training:** Up-to-date evidence to be provided on completion and compliance on all mandatory courses within your GDC registration, including and not exhaustive of - IPC, IG, Safeguarding (at the required level for your current role), manual handling, DoLS.Please also include any other relevant training and qualifications you feel appropriate for this role.

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| **Qualification** | **Date attained** | **Awarding Body** |
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| **Job history:**

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| Please provide details of your current or most recent role.

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| **Employer name & location** | **Position held and key responsibilities** | **Date range** |
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Please provide brief details of your previous roles

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| **Employer name & location** | **Position held and key responsibilities** | **Date range** |
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| **Supporting Evidence** (no more than **300 words** per question)**:**

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| Please provide an example that demonstrates your clinical professional experience. (i.e. your experience within either: clinical and professional standards / clinical governance / service development and/or leadership within healthcare)  |

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| Please provide an example of a time when you have delivered challenging feedback to Peers and more Senior staff: |

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| Please give an example of how you deliver safe, compassionate, patient centred care within your area of practice |

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| Please provide an example of when you have reviewed patient records and made an assessment on their quality  |

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| Please give an example of when you have worked as part of a team to review patient care |

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| **Reference 1:**

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| **Title:** | **Full Name:** |
| **Address (incl. Post Code):** |
| **Telephone Number:** |
| **Email Address:** |

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| **Reference 2:**

|  |  |
| --- | --- |
| **Title:** | **Full Name:** |
| **Address (incl. Post Code):** |
| **Telephone Number:** |
| **Email Address:** |

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| **How did you hear about this vacancy?** |
| Please provide details here: |  |
| **What is your preferred language for communicating with HIW?** (e.g. verbally or in writing) – place an x in the box.

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| **Welsh** |  | **English** |  | **Welsh and English** |  |
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| **Personal Data**Your privacy is important to the Healthcare Inspectorate Wales as part of the Welsh Government and in line with General Data Protection Regulations (GDPR) we have developed a Privacy Notice that covers why we collect and use your information.Our Privacy Notice can be found at: <http://hiw.org.uk/terms_and_conditions/privacynotice/> |

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| Once complete, please submit via email to HIW.Inspections@gov.wales  |