Dental Peer Reviewer

APPLICATION FORM

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Professional qualifications:**   |  | | --- | | **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.   |  |  |  | | --- | --- | --- | | **Qualification** | **Date attained** | **Awarding Body** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |
| **Job history:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please provide details of your current or most recent role.   |  |  |  | | --- | --- | --- | | **Employer name & location** | **Position held and key responsibilities** | **Date range** | |  |  |  |   Please provide brief details of your previous roles   |  |  |  | | --- | --- | --- | | **Employer name & location** | **Position held and key responsibilities** | **Date range** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supporting Evidence** (no more than **300 words** per question)**:**   |  | | --- | | 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) |      |  | | --- | | Please provide an example of a time when you have delivered challenging feedback to Peers and more Senior staff: |  |  | | --- | | Please give an example of how you deliver safe, compassionate, patient centred care within your area of practice |  |  | | --- | | Please provide an example of when you have reviewed patient records and made an assessment on their quality |  |  | | --- | | Please give an example of when you have worked as part of a team to review patient care | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference 1:**   |  |  | | --- | --- | | **Title:** | **Full Name:** | | **Address (incl. Post Code):** | | | **Telephone Number:** | | | **Email Address:** | | |
| **Reference 2:**   |  |  | | --- | --- | | **Title:** | **Full Name:** | | **Address (incl. Post Code):** | | | **Telephone Number:** | | | **Email Address:** | | |

|  |  |
| --- | --- |
| **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.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Welsh** |  | **English** |  | **Welsh and English** |  | |  | | | | | | | |

|  |
| --- |
| **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/> |

|  |
| --- |
| Once complete, please submit via email to [HIW.Inspections@gov.wales](mailto:HIW.Inspections@gov.wales) |