Lead 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:**   |  | | --- | | **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** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

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| **Supporting Evidence**   |  | | --- | | **Please provide a personal statement of no more than 500 words explaining why you are interested in the role of Clinical Dental Lead and how your skills and experience match the essential criteria in the Job Specification.** | |

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| **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:** | | |

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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.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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](mailto:HIW.Inspections@gov.wales) |