



TRINITY COLLEGE DUBLIN DIRECT ENTRY APPLICATION FORM

PLEASE USE BLOCK CAPITALS

Personal Details

Surname.....Title.....

First Name.....Second Name.....

Date of Birth..... M/F

Address.....

.....

.....

.....

Mobile Number.....Home Number.....

Email address – personal.....

work.....

Employer details

Name of current employer (supervising specialist orthodontist)

Address

.....

.....

Employer's email address

Phone number Hours per week worked

Place of Employment

Specialist Dental Practice

Health Service Executive



Country of Birth Nationality.....

Have you been admitted to Trinity College Dublin before? Yes No

If so, year admitted..... Most recent course taken.....

Do you have a disability/specific learning difficulty? Yes No

If so, please indicate whether you wish to be contacted by the Disability Service in order to discuss the support services you require. Yes No

(Please note that disclosure of a disability and/or specific learning difficulty will not adversely affect your application in any way).

Where did you hear about this programme?

Practitioner DDUH/Dental School website

Past/current student IDHA/IDNA/IDA website

How do you intend to fund your studies?

Employer Funding Self-funding

Dental Council Registration Number



Second Level Education

Please provide the details of school(s) you have attended.

Name of School.....From To.....

Address.....

.....

.....

Please enter the results for your final year subjects.

Subject	Level	Grade/Mark	Date of exam

Have you completed the European Computer Driving Licence (ECDL)? Yes No

If so, date obtained.....

Have you completed a Basic Life Support for the Healthcare Provider Course in Cardio-Pulmonary Resuscitation (CPR)? Yes No

Date obtained.....



Highest 3rd Level Qualification or Equivalent (Diploma, Degree, Masters, etc)

Please enter the full details of your highest qualification that you are either currently studying or have obtained.

Period of attendance from..... to

Name of Institution attended.....

Qualification.....Course Title.....

Result/Level/Class of Award.....

Name of awarding body.....

Main subject studied.....Full time Part time

Have you completed the programme? Yes No

If No, date on which Final results will be available

Date of Graduation.....

Please enter full details of any additional relevant qualifications that you have obtained.

Period of attendance from..... to.....

Name of Institution attended.....

Qualification.....Course Title.....

Result/Level/Class of Award.....

Name of awarding body.....

Main subject studied.....Full time Part time

Have you completed the programme? Yes No

If No, date on which Final results will be available

Date of Graduation.....



Please enter the details of any other courses you have undertaken that may be relevant to your application.

Title of course.....

Location..... Year taken.....

Duration of course (in months)..... Certificate awarded.....

Subjects.....

Level..... Result.....

Title of course.....

Location..... Year taken.....

Duration of course (in months)..... Certificate awarded.....

Subjects.....

Level..... Result.....

Title of course.....

Location..... Year taken.....

Duration of course (in months)..... Certificate awarded.....

Subjects.....

Level..... Result.....



Employment History/Work Experience

Please include all Dental Nursing/Dental Hygiene experience, but emphasize details of ORTHODONTIC experience, including dates and the number of sessions per week.

Date from..... Date to.....

Name and Address of Dental Practice
.....
.....

Position held.....

In the space below, please outline your responsibilities, the skills you used or experience you gained while working in this position.



Date from..... Date to.....

Name and Address of Dental Practice

.....

.....

Position held.....

In the space below, outline your responsibilities, the skills you used or experience you gained while working in this position.



Voluntary Work

Please give details in chronological order of any voluntary (unpaid) work you have participated in.

Date from..... Date to.....

Name and Address of Organisation

.....

.....

Job Title

In the space below, outline your involvement and how you benefited from your experience.



Describe briefly why you wish to undertake training to become an Orthodontic Therapist.

[Empty response box for writing]



Personal Statement

Which aspects of this course interest you most?



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



Please explain the relevance of your life and/or educational experience to this course.



Declaration

I certify that the information given in this course application is complete and accurate to the best of my knowledge and understand that any misrepresentation may render my application void.

I understand that this application is an expression of interest in the course for which I have applied. It does not constitute a contract between the applicant and Trinity College Dublin, the University of Dublin.

I understand that this application and any supporting documentation become the confidential property of Trinity College Dublin, the University of Dublin, and (an)other education institution(s), or where required to do by law.

I understand that the information supplied as part of the application process may be used for compiling general statistical reports and will not identify any individual applicant.

I understand that I must have access to a computer and internet access to enable access to programme material.

Please tick box

Prior to submitting your application, please check that you have enclosed:

1. Student Application form	Yes/No Please note, this must be submitted as one document, a submission as separate pages will not be accepted.
2. Trainer Application form	Yes/No
3. Outline of Work Placement form	Yes/No
4. Trainer/Supervisor Commitments form	Yes/No
5. €35 cheque / postal money order made payable to Dublin Dental Hospital Board or call 01 612 7361 for payment by card.	Yes/No

N.B. Candidates must be prepared to show evidence of Hepatitis B and C as per instructions on Page 2 of Information Pack, if offered a place.



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



General Data Protection Regulation

Your attention is drawn to the Privacy Notice on the DDUH website, which indicates that we are aware of our obligations under the legislation and that we take data protection seriously.

If your application is unsuccessful and you wish to be included on a mailing list to be informed when future applications open, it is required that you opt in. Your email address will be secure in a password-protected document and will never be shared with a third party. Your consent will be sought again after 3 years to require if you wish to remain on it.

As we have an obligation to keep data accurate, please update DDUH with any future email address changes.

If you consent to the above, please tick.