



**Application for a Vocational Training Number**

**Please return this application along with supporting documents to:**

Health Education and Improvement Wales, Dental Postgraduate Section, Dental Professional Support Unit,  
Ty Dysgu, Cefn Coed, Nantgarw, CF15 7QQ

Date Application Received in HEIW:  
(to be completed by Dental Postgraduate Section administrator)

I have read the guidance notes associated with this form	Yes	/No
I have submitted DPL1 form to the Business Service Centre	Yes	/No
I have submitted original documents <b>not</b> photocopies or faxes	Yes	/No
I have completed and attached a Structured CV with supporting documentation	Yes	/No

**SECTION 1: Personal Details**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Other names: \_\_\_\_\_

Private Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Contact Telephone Number\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

*\* Please be aware we will use this email address / telephone number to contact you if we require further information before processing your application.*

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Male  / Female   
(Please tick)

Date of UK registration as a Dentist \_\_\_\_\_ GDC Registration Number \_\_\_\_\_

Qualification that entitles you to be registered as a dentist: \_\_\_\_\_

Country where qualification was gained: \_\_\_\_\_ Date of gaining qualification: \_\_\_\_\_

**SECTION 2: Declaration**

Completion of this part of the form shows that you have applied to join the Local Health Board's Performers List and indicates the grounds on which you are applying for a vocational training number.

I have applied on \_\_\_\_\_ [date] to be included in the performers list of \_\_\_\_\_ Health Board.

Address of new practice: \_\_\_\_\_



**SECTION 3: Grounds for Application**

Please complete one of the following three sections and provide the necessary documentation as stated. Please circle Yes/No as necessary.

**PART A - Completion of Vocational Training**

- A1 I completed Vocation Training on or after 1 October 1993. Yes  No
- A2 I have enclosed my original Vocational Training Certificate. Yes  No

**PART B - Exemption**

I am exempt from the requirement to complete Vocational Training because of one of the following;

- B1 I am registered as a dentist who holds an appropriate European Diploma (not UK). Yes  No

B2 I have experience in primary care as a dentist for a total period of at least two years full-time or an equivalent period part-time in:

- Community Dental Service Yes  No
- Armed Forces of the Crown Yes  No

The performance of personal dental services (prior to 1 April 2006) Yes  No   
and part or all of that period fell within the period of four years beginning with the date of the application.

- B3 I have enclosed an original letter from my employer confirming my experience. Yes  No
- B4 My employer will send a letter directly to you confirming my experience. Yes  No
- B5 Immediately before 1 April 2006 my name was included in the dental list of Yes  No

Local Health Board contract number

\_\_\_\_\_

- B6 Individuals applying for a VT number under restricted practice – i.e. Oral Surgery or Orthodontics Yes  No
- PDS Contract attached Yes  No

**SECTION 4: Enclosures and Signatures**

I enclose the following additional documents to support my application:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HEIW is a data controller in respect of the personal data it holds concerning Vocational Training (VT) numbers issued, Performers List Validation by Experience (PLVE) and Dental Professional Support (DPSU) Dentists applications in Wales. For further information please refer to the Privacy Notice: Dental professional support - HEIW (nhs.wales)