

## Clinical experience reference

Please give this form to your referees who can verify your clinical experience.

You may need to give a copy to more than one person in order to demonstrate that you have met the 1,600-hour requirement.

Please write IN BLOCK CAPITALS.

Full name of applicant: .....

Title of referee (please check relevant box):

Mr     Mrs     Miss     Ms     Dr     Other: .....

Full name of referee: .....

GDC registration number (if appropriate): .....

Position held by referee: .....

Organisation/university department/unit address: .....

Town/city: ..... Zip/postcode: .....

Contact phone number (including STD code): .....

Email address (required for verification): .....

**Please confirm the level of clinical experience for which you are providing a reference on behalf of the applicant.**

- Undergraduate clinical experience
- Post-qualification experience
- Temporary registration experience

Place where clinical experience was gained: .....

Date started: .....

Date completed: .....

Job title/position of applicant: .....

Did you supervise the work of the applicant directly?

Yes       No

If the experience was as a temporary registrant, please provide the applicant's temporary registration number:

**Please describe the clinical experience undertaken by the applicant, including the exact number of hours they personally treated patients in the dental chair.**

The number of hours of clinical experience **must be** hours the applicant has spent undertaking investigations and administering dental treatment. The number of clinical experience hours **must not include** time observing other dentists or assisting other dentists and/or dental students in undertaking diagnosis and/or treatment planning or provision of treatment.

If necessary, please continue on a separate sheet of paper and attach it to this form, indicating that you are referring to the clinical experience requirement.

Number of clinical experience hours completed:

**Declaration by referee**

The information I have provided is complete, true and correct.

Referee's name:

Signature: ..... Date: .....