

Auxiliary Dental Worker - Character Reference Form

This form must be completed by the course director or head of the programme in your chosen field of study

Qualification obtained: _____

Applicant's name;

FIRST NAME

OTHER NAMES

SURNAME

Please circle one of the following;

(a) I wish to state that to the best of my knowledge this applicant is of good character and fit for registration with the Dental Council.

or

(b) The Dental Council should be aware of the following details of the character of this applicant which might affect his/her suitability for registration;

Signed: _____

Print name: _____

Title/Position: _____

Date: _____ DD/MM/YYYY

Stamp of Dental Training School