

CDT Character Reference form

This form is to be completed by the head tutor of your course in Clinical Dental Technology and is for the purpose of registration in the Register of Clinical Dental Technicians.

Full name of applicant applying for registration: _____

Please tick the appropriate box

- I wish to state that to the best of my knowledge this applicant is of good character and fit for registration in the Register of Clinical Dental Technicians.
- The Council should be aware of the following details of the character of this applicant which might affect his/her suitability for registration in the Register of Clinical Dental Technicians.

Signature; _____
Print name; _____
Job title/ position; _____

Please print official
seal or stamp
of the University
here