

OT Character Reference form

This form is to be completed by the head tutor of your course in Orthodontic Therapy and is for the purpose of registration in the Register of Orthodontic Therapists.

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 Orthodontic Therapists.
- 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 Orthodontic Therapists.

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

Please print official
seal or stamp
of the University
here