

# CAMBRIDGE ACADEMY OF DENTAL IMPLANTOLOGY

### **Application form**

Please complete this form using black ink and block capitals

#### 1. Personal Details

Surname:	Title: _	
Home Address:	(if differe	s for correspondence: nt from home address)
Postcode:		
Home phone:	GDC No:	
	Email:	
2. Qualifications		
Please state your qualifications:		
Qualification/Exam	Awarding Authority	Year of Award

## 3. Present Appointment

Post Title:	Date of commencement:	
Work address:		
Postcode:	NA/aut. aug ait.	
	s (please state in what capacity, where and dates to/from	
5. Please provide details of any previous clinical teaching/mentoring experience (please state in what capacity, with which institution and dates to/from)		

6. Please provide details of your experience in dental implantology (how long have you been practicing implantology, whether you perform surgery and/or prosthetics, what type of systems used, approximate number of cases per year etc)		

If accredited, I am prepared to serve on the Panel of Accredited Mentors of the Cambridge Academy of Dental Implantology (CADI) and to follow all guidelines and standards provided to me by CADI for the role of mentor to students of the CADI courses, who I agree to act as mentor for. I am aware of the need for and am willing to maintain confidentiality in respect of my role a mentor.

I certify that the information given above is to the best of my knowledge correct.

I confirm that I will process and store all student and patient data in accordance with the GDPR requirements

□ I confirm that I will comply with the Local Mentoring Process

 I confirm that I have had no previous findings of misconduct made against me by the General Dental Council or any other national or local dental regulatory body

□ I confirm that I am happy for the Cambridge Academy of Dental Implantology (CADI) to contact me by email regarding my role as mentor

□ I am happy to be contacted about courses and training programs organised by CADI

□ I am happy for my details, as a mentor, to be published on the CADI website(s)

Signed:	Date:
(applicant)	

Please send this form together with your CV to:

**Declarations:** 

Stuart Ellis
Cambridge Academy of Dental Implantology
Cavendish House
183 Arbury Road
Cambridge
CB4 2JJ

#### **General Data Protection Regulations 2018**

This information will be held in accordance with the General Data Protection Regulation 2018 (GDPR). It will be held on a database for the administration of the Implantology Courses at the Cambridge Academy of Dental Implantology. Please notify us of any changes to these details.

No payments are made by the Cambridge Academy of Dental Implantology to any mentor. When a mentor assists a course student, all financial terms must be agreed directly between the mentor and student. All students must be General Dental Council registered dentists.