



Application Form

Position: Dental Nurse

Date: June 2026

APPLICATION DEADLINE: MONDAY 29th JUNE 2026 6PM

General Information

Full Name	
Address	
Telephone Number	
Email	

Do you require permission from the UK border agency to work in the UK?	
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Further Information

1. Are you a qualified dental nurse?	YES / NO
a. <i>If answer to Q1 is YES, please provide your GDC registration number here:</i>	
b. <i>If your answer to Q1 is NO, please state if you are enrolled on a dental nursing course. (Evidence to be provided at interview).</i>	YES / NO
2. If your answer to Q1.b is YES, please state which dental nursing course you are on and the month/year which you began this course.	
3. How many days are you able to work?	
4. How much hands-on nursing experience do you have (months/ years)?	
5. How soon are you able to start working?	



Employment history (Most recent first)

DATES	EMPLOYER'S NAME & ADDRESS	POST HELD & MAIN DUTIES	REASONS FOR LEAVING

Dental Qualifications

Details of any dental qualifications you have achieved/ are in the progress of completing (i.e. Dental Nurses National Certificate, Diploma in Dental Hygiene, Dental Degree and postgraduate qualifications. Evidence to be provided at interview).

Education History

School/ College/ University details	Qualification details (GCSEs/ A-Levels/ B-TECs/ Degree etc.- please put subjects and grades achieved)



References

Please give the names and addresses of two people we may approach for a reference. One of these referees must be your most recent employer:

Name:	Name:
Address:	Address:
Tel:	Tel:
Position:	Position

Further Questions

1. Why did you pursue a career in dental nursing?

2. What types of dental procedures have you previously assisted with?

3. Are there any specific areas of dental nursing that you're most interested in developing further, and how would you like to expand your skills in the future?



Thank you for taking the time to complete this application form. Please return this form by email to;

manager@putneydentalimplantcentre.co.uk

or drop the form to us at:

Putney Dental & Implant Centre, 353 Upper Richmond Road, SW15 5QJ