**Scottish Dental Vocational Training Equivalence and Certification Committee (SDVTECC)**

**Structured Reference**

The dentist to whom this reference refers has applied to SDVTECC for a Vocational Training (VT) number. NHS Education for Scotland has developed a process of certification which seeks to identify and establish that the applicant has the required skills and experience of a general dental practitioner who has recently undertaken vocational training in Scotland. Please complete this form as comprehensively as possible. The aim is to receive your professional view of the applicant’s clinical ability as a safe independent practitioner with reference to specific attributes.

Your comments will be made available to members of the equivalence committee and to the applicant on request.

If you require a copy of the applicant’s application in order to provide a reference, please contact the applicant directly. The aims and objectives of Vocational Training are available on our website:

<https://nes.scot.nhs.uk/our-work/dental-vocational-training-number/>

Yours sincerely

Pauline Stanhope-Jones

Chairperson

SDVTECC

**PLEASE NOTE - All answers in the sections below must be typed.**

**SDVTECC APPLICANT – STRUCTURED REFERENCE FORM**

|  |  |
| --- | --- |
| Name of Applicant: |  |

**Referee Details:**

|  |  |  |
| --- | --- | --- |
| Name: | | Date: |
| Signature: | | GDC Number: |
| Position Held |  | |
| Name of general practice  or hospital |  | |
| Contact Tel Number |  | |
| Email |  | |
| Please confirm that you have knowledge of the applicant’s clinical ability in a postgraduate work setting. (Tick as appropriate) | | YES NO |
| How long have you known the applicant? | |  |
| Please provide the dates during which you worked with or supervised the applicant. | | Start Date: |
| Finish Date: |
| In what capacity do you know the applicant (Tick as appropriate):  Supervising Consultant VT Trainer Educational Supervisor  Clinical Trainer Practice Principal  Other (Please specify): | | |
| Practice/Hospital address and contact details - | | |

**SUMMARY**

In the boxes below please give a summary view of your professional opinion as to the suitability of this applicant. You should provide -

* Full details of their clinical ability as a safe independent practitioner and information on their experience.
* Specific examples where appropriate.

**Note** - An incomplete reference may delay the application and subsequent award of a vocational training number.

1. Caries Recognition, Diagnosis and Management (Please type your response)
2. Patient Care (Please type your response)
3. Radiography (Please type your response)
4. Treatment Planning (Please type your response)
5. Quality of Clinical Work (Please type your response)
6. Professionalism (Please type your response)

**Thank you for taking the time to complete this reference. Please send the reference to** [**dentalvtnumbers@nes.scot.nhs.uk**](mailto:dentalvtnumbers@nes.scot.nhs.uk)**.**

**You should mark it as confidential and include the applicant’s full name in the subject line and their GDC number.**

**EG - CONFIDENTIAL REFERENCE FOR MR/MRS XXXX GDC NO 00000**