

School of Health and Human Sciences Module Application Form

Please complete ALL sections of this form in capital letters

Title of courseDental Therapist Reskill Module Intake
SurnameTitle Mr/Mrs/Miss/Ms (please circle
First names (in full)
Home address
Post code
Telephone number Email address
Employers Name and Address (if applicable)
Post code
Telephone number Fax number
Maiden name (if applicable)
Date of birth GDC number (if applicable)
Country of birth
Source of funding
Employers name (if not self-funding)
Self funded Other
Previous professional experience
Professional qualifications held
Academic qualifications held
Any other comments relevant to this application

DTRM Module Application



Data Protection Act 1998

The University of Essex has a notification under the Data Protection Act 1998 to enable it to hold and process personal data about its students for the purposes of maintaining their academic and related records. The information supplied on this form will be held under the terms of the Act; it will be kept secure and accurate and will only be disclosed to people who have a need to know in accordance with the Act. Your attendance and Examination Board ratified module marks will be shared with your employer (if not self-funding). If you do not wish this to happen, you are responsible for asking your employer/manager to communicate with the School to this effect.

Applicant's signature	Date
Employer/Manager's signature (if not self-funding)	Date
Print Name	
Please sign and confirm payment details, then return this form wit	th the required documentation to Elizabeth Norris, C
Health Science Administrator, School of Health and Human Scien on Sea, Essex SS1 1LW.	

DTRM Module Application PLEASE TURN OVER