

**APPLICATION TO BE A SPECIALTY ADVISOR IN PAEDIATRIC DENTISTRY**

**Role of Specialty Advisors**

* To receive JD and AAC tasks from their National Specialty Director, with a timeline for completion.
* For JDs: to complete the review and approval and then liaise with the relevant Trust via their National Specialty Director.
* For AACs: to liaise with the Trust directly to agree the attendance details, attend the interview panel, then report the outcome to the FDS Office (Emma Jones).
* To liaise with the Regional Director of the region that the JD or AAC belongs to if any regional matter arises
* To support the Regional Director of their own region in any regional initiatives.
* To attend the quarterly meetings of the FDS Regional Committee, held via MS Teams.

|  |
| --- |
| **Your personal and contact details** |
| **Title:**  |  |
| **Forename/s (in full):** |  |
| **Surname:** |  |
| **Work Address:** |  |
| **NHS Region (if applicable):** |  |
| **E-mail:** |  |
| **Mobile No:** |  |
| **GDC Registration No:**  |  |
| **GDC Specialist listing:**  |  |
| **Current employment details (including grade):** |  |
| **Dental Specialty**  |  |
| **Please outline why you believe you are suitable for the role.**(No more than 500 words) |
|  |

|  |
| --- |
| **Applicant’s Declarations:** |
| 1. I have no unresolved disciplinary issues with my employer(s).
2. I am not undergoing fitness to practice proceedings with the GDC or any other regulatory body or have GDC conditions.
3. I have discussed my application with my employer /line managers, and they are supportive of my application.
4. I have sufficient time to undertake the role.
 | **YES NO [ ]** **YES NO [ ]** **YES NO [ ]** **YES NO [ ]** **YES NO [ ]**  |

|  |  |
| --- | --- |
| **APPLICANT’S SIGNATURE:**  | **DATE:** |

**Please complete and submit to:** Ms Emma Jones (ejones@rcseng.ac.uk)