

DUBLIN DENTAL HOSPITAL

in association with
Diagnostic Imaging,
UCD School of Medicine and Medical Science



Certificate in Dental Radiography

SUPPORTING DOCUMENTATION FOR APPLICATION

2025

PRACTITIONER DECLARATION OF SUPPORT

The below declaration of support is in relation to the employed dental nurse intent to undertake the Certificate in Dental Radiography Programme with the Dublin Dental Hospital.

If you, the supervising dental practitioner, are willing to support the dental nurse through these studies, please complete the following declaration (in handwriting), and the prospective student will include it in his/her documentation to be submitted with the application.

If you have any queries regarding this please contact DentalNurseTutor@dental.tcd.ie.

EMPLOYER

I _____ agree to support _____ (employed dental nurse) during the period of their training programme in dental radiography.

I will ensure all tasks and duties as outlined in the portfolio of experience will be completed.

All supervising practitioners must be on the Dental Council register.

Please tick here to indicate you are on this register.

Dental Council Number _____

I confirm that within our surgery environment we follow best practice health and safety procedures as set out by the Radiological Protection Institute of Ireland, and will employ these procedures during this training of the student dental nurse.

Please tick the following to confirm the above statement.

Signature of Employer: _____

Print Name: _____

Employer's address: _____

Employer's email address: _____

Date: _____

CHECKLIST FOR COMPLETION OF APPLICATION

Tick each box to ensure that you the applicant, have included **all** of the following as part of the online application:

- Payment** of €40.00 non-refundable application fee
- a copy of your **dental nursing/hygiene qualification**
- proof of **current registration with the Dental Council** for period up to 31st August 2025. If waiting for registration certificate, send proof of renewal/new registration from 1st September 2024 (receipts of online payment will be accepted until submission of copy of new registration certificate for 1st September 2024 onwards) and a copy of the previous Dental Council registration certificate.
- a copy of **all** pages of the **current license of radiography equipment** in your dental surgery (and associated conditions if applicable)
- the **completed and signed Practitioner Declaration of support** (see page 2 of Supporting Documentation) Please note the supporting dental practitioner is the practitioner that is to support the student throughout the duration of the programme.

Please upload each document as one document file, in PDF format. Failure to do so may impact your application. Multiple separate pages cannot be uploaded to the online form.

In order for an application to be deemed eligible for review and processing,

- i) **all parts of the online application form are to be completed in full** and submitted (via the dental hospital website - please remember to click Submit),
- ii) **all the items listed above in the Checklist are complete**
- iii) **the non-refundable fee is paid,**

by 4pm on Friday 20th September 2024.

Please note applications submitted without payment will not be viewed and processed. Paper applications will not be accepted.

If there are any of the items listed above missing from the application, it will be deemed incomplete, and may not be eligible to be considered for the next stage of application and/or an offer of a place on the programme.

Important: Please note application for this course does NOT guarantee an offer of a place on the course.

For more information, see Application Process and Course Outline 2025 document.