

## APPENDIX 2

### Conditions of taking up a specialty training post or post-CCST training post

*(This is NOT an offer of employment)*

On accepting an offer to take up a specialty training post / post-CCST post (delete as necessary) I agree to meet the following conditions throughout the duration of the programme.

- 1) To always have at the forefront of my clinical and professional practice the principles in the GDC's Standards for Dental Professionals for the benefit of patient care
- 2) To ensure that the care I give to patients is responsive to their needs, is equitable, respects human rights, challenges discrimination, promotes equality and maintains the dignity of patients and careers
- 3) To only be engaged with activities approved by the Postgraduate Dental Dean/Director (PGDD). If time out of the training programme is agreed, e.g. research or absence due to a career break , I will ensure that the Training Programme Director (TPD) and PGDD is informed of my planned return to the training programme
- 4) To accept the responsibility as an employee within a healthcare organisation to work effectively and cooperating fully with the aims and objectives of the programme. This includes participating in workplace based appraisal and assessments, educational appraisal, and accepting the need to share information about my performance with employers involved in my training. I agree to meet with the PGDD and /or his/ her agents as necessary and appropriate
- 5) To maintain regular contact with my educational supervisor (ES), TPD, PGDD by responding promptly to communications from them, and to inform my TPD and ES of any absence from the training programme
- 6) To ensure that I keep up to date my learning portfolio which underpins the training process and by which my progress is assessed and documented
- 7) To optimise the training resources available to develop my competence to the standards required
- 8) To support the development and evaluation of the training programme by participating actively in any national or local trainee survey and any other activities that contribute to the quality improvement of training
- 9) To understand that if I do not comply with the requirements and conditions above, that the PGDD will decide whether it is appropriate for me to retain my NTN
- 10) To maintain registration with the GDC

I acknowledge the importance of these responsibilities. If I fail to meet them I understand this may lead to withdrawal of my NTN by the PGDD. I understand that this document does not constitute an offer of employment.

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Trainee's signature

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Trainee's name (printed)

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Date