**REFERENCE NUMBER**

|  |
| --- |
| Sedation Training Advisory Committee  Dental Faculties of the Royal Colleges of Surgeons and the  Royal College of Anaesthetists |
| Application for re-accreditation of a dental sedation course  leading to independent clinical practice  ***PLEASE NOTE THAT THE ORIGINAL APPLICATION MUST BE RE-SUBMITTED WITH THIS FORM*** |

**DATE OF INITIAL APPLICATION**

**Section 1**

|  |  |  |
| --- | --- | --- |
| *Please complete* ***all*** *boxes in Section 1* | | |
| 1.1 | Name of Course Lead/s |  |
| 1.2 | Job Role & Qualifications |  |
| 1.3 | Training and/or Experience  in Conscious Sedation to date |  |
| 1.4 | Main Work Address |  |
| 1.5 | Postcode |  |
| 1.6 | Daytime contact number |  |
| 1.7 | Email address |  |
| 1.8 | GDC / GMC number |  |
| 1.9 | Proposed source of STAC accreditation funding *(e.g. self-funded / NHS etc.)* |  |

**Section 2**

|  |  |
| --- | --- |
| *Please give details of any* ***amendments*** *to your initial application* | |
| 2.1 |  |
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| 2.10 |  |
| 2.11 |  |

**Section 3**

Please list **all** clinical supervisors below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of clinical supervisor | Qualifications | Number of years providing sedation relevant to course |
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Some 'New Starters' report difficulty in finding an appropriate clinical supervisor. SAAD and DSTG have agreed to assist by maintaining a list of STAC approved supervisors which 'New Starters' can consult. If you would like your name, postcode and contact details to be available in this way, please tick the box below. (You may only supervise ‘New Starters’ using techniques and drugs for which you have received STAC supervisor approval).

**Should you agree to this, your details will not be shared with any other organisations.**

☐ I agree to my details being shared with SAAD and DSTG as described above.

**Section 4**

I confirm that the information I have given on this form is correct and complete and that misleading statements may be sufficient for cancelling any accreditation granted made pursuant to such statements being made.

As the Course Lead/s named above, I/we confirm that supervised clinical experience will be provided in an appropriate environment in accordance with the current IACSD standards and each clinician named above is in good standing with their regulatory body.

Signature of Course Lead/s:

Date:

**Your GDC/GMC registration may be at risk if you knowingly make a false declaration.**

List of attachments:

The completed application form must be sent electronically in MS Word format to: [stac@rcseng.ac.uk](mailto:stac@rcseng.ac.uk).