PURPOSE

The purpose of the Service Level Agreement (SLA) is to formalise the roles and responsibilities of all partners in the delivery of training and assessment for Dental Nurses working towards a NEBDN Post Registration qualification.

The agreement should ensure effective provision of training and assessment as provided by Employers and Course Providers. It must be signed by all partners and / or their representatives prior to acceptance of a student on a course of training.

The SLA sets out the guiding principles necessary for the establishment of an effective training and working environment consistent with health and safety legislation, NEBDN Quality Assurance policies and current GDC guidelines.

The SLA must be completed prior to the course provider accepting a student on to the training programme. Failure of the Employer to complete and sign the SLA will result in the student not being accepted into an NEBDN accredited programme.

PARTNERS

<table>
<thead>
<tr>
<th>Named Representative</th>
<th>Course Provider</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marama Millar</td>
<td>Dental Nurse Network</td>
<td>20-22 Wenlock Rd, N1 7GU</td>
</tr>
<tr>
<td>Address</td>
<td>020 7193 0584</td>
<td></td>
</tr>
</tbody>
</table>

Services and Requests to be provided under this agreement by the involved parties are outlined below.

COURSE PROVIDER

Dental Nurse Network (insert Course Provider name) are committed to providing the following services for as long as training towards a NEBDN Post Registration qualification is being provided on behalf of the employer.

Dental Nurse Network (insert Course Provider name) will;
• Deliver a course which meets the requirements of the NEBDN Accreditation process.
• Provide all necessary training and educational support necessary in order to allow any individual student the opportunity to complete the programme of training, providing that the individual meets all academic and disciplinary requirements and remains compliant with the aforementioned throughout the duration of the programme.
• Provide written constructive feedback on the student’s performance in assessments and the Record of Competence (RoC).
• Have a named GDC registrant in charge of quality assurance, content delivery and programme design.
• Provide occupationally competent tutors to deliver training which meets the requirements of the NEBDN Curricula.
• Provide Internal Moderators to quality assure the completion of the RoC who hold current GDC registration.
• Keep records of professional qualifications, training / assessment qualifications and GDC registration of all staff.
• Provide clear factual information in regard to the course requirements including the following: duration, fees, assessments, course content, Student Fitness to Practice arrangements, coursework submission dates and the roles and responsibilities of the Course Provider, employer and student.
• Have a clear recruitment policy.
• Complete a formal initial assessment for Literacy during induction.
• Monitor compliance with the requirement for all witnesses to complete the witness feedback within the specified sign off period.
• Sample the RoC using the NEBDN Mandatory Sampling Strategy and recording system.
• Conduct assessments which adequately prepare the students for the requirements of the final examination.
• Monitor student attendance and behaviour and report to the employer if there are any concerns.
• Meet the requirements of NEBDN when entering students for the final examination.
• Quality assure the programme at regular intervals making improvements as necessary.
• Provide all the above services in line with the Equality Act 2010 and all relevant Health and Safety legislation.

I agree to provide the services outlined above for the defined period.

Signed
Date
Print Name

On behalf of Dental Nurse Network
(insert name of course provider) 30/09/2019 Marama Millar
EMPLOYER

.......................................................................................................................... (insert Employer/ placement name) are committed to providing the following services for as long as training towards a NEBDN Post Registration qualification is being provided by the course provider.

.......................................................................................................................... (insert Employer/ placement name) will;

- Allow the student to attend the training programme according to a pre-notified timetable.
- Ensure that the student will receive appropriate workplace training and supervision.
- Ensure that all Patients are made aware that they are being treated by students and give consent
- Ensure the student has access to all the procedures required in the RoC (See Appendix A).
- Liaise with the Course Provider if they have any concerns with a student’s progression and / or performance
- Appoint a named mentor who is GDC registered and has the appropriate knowledge and skills to support and provide guidance to the student. The appointed mentor will be allowed adequate time to carry out their duties.
- Accept responsibility for ensuring that witness feedback on the individual Practical Competence Assessment Sheets (PCAS) and Directly Observed Clinical Skills sheets (DOCS) are completed fully and is constructive
- Accept responsibility for ensuring that the witness provides constructive feedback on the individual Practical Competence Assessment Sheets (PCAS) and Directly Observed Clinical Skills sheets (DOCS) in their own hand
- Accept responsibility for ensuring witnesses comply with the agreed fourteen calendar day sign off period for completion of witness statements.
- The employer shall allow Course Provider’s staff and or representative reasonable access to students in order to enable them to monitor and assess the student’s progress.
- If and when a member of the Course Providers staff is required to work from an employer’s workplace, the employer will afford them all necessary support and facilities to assist them in fulfilling their role. This includes ensuring through a process of induction that Training Provider personnel remain compliant with Health and Safety Legislation and are aware of the employers procedures.
- Notify the course provider if there is an incident that could have an impact on the student fitness to practice.
- Ensure compliance with the Ionising Radiation (Medical Exposure) Regulations 2000.
- Provide all the above services in line with the Equality Act 2010 and all relevant Health & Safety legislation.
I agree to provide the services outlined above for the defined period.

Signed                          Date                          Print Name

On behalf of ........................
(insert name of employer/placement)

NATIONAL EXAMINING BOARD FOR DENTAL NURSES (NEBDN)

NEBDN are committed to providing the following services for as long as the Course Provider remains accredited.

All course providers are required to go through a submission process with the NEBDN to ensure course provision meets the Quality Standards set out in the Accreditation process and procedures. Course Providers must ensure all employers and students are made aware in the course information that if full accreditation status is not met students will be unable to sit the final examination.

NEBDN will;
- Provide up to date, fair and reliable assessment processes across all examinations
- Provide equality of opportunity (within safe guidelines) regardless of age, race, disability, gender etc. as outlined in the Equality Act 2010 throughout all examination provision
- Provide all required documentation to enable individual students to access the final examination.
- Provide adequate notification of the timetable of submission dates for the final examination
- Provide advice, support and guidance to the student, the Training Provider and the employer.

GENERAL TERMS AND CONDITIONS - SERVICE DISPUTE

COURSE PROVIDER
Should any issue arise in relation to the quality of the education being offered by the Course Provider attempts should be made to resolve them directly with the Course Provider following their documented complaints procedure. Only in the event of the complaints procedure having been exhausted and the issue not being satisfactorily resolved should NEBDN be contacted.
EMPLOYER
Should any issue arise in relation to the quality, amount and type of services being offered by the Employer / Placement attempts should be made to resolve them directly with the Employer. Only in the event of the issue not being satisfactorily resolved should the Course Provider consider removing the student dental nurse from training.

NEBDN
Should any issue arise in relation to the quality, amount and type of services being offered by NEBDN attempts should be made to resolve them directly with NEBDN following their documented complaints procedure.
Appendix A

RECORD OF COMPETENCE
REQUIRED CLINICAL PROCEDURES

As part of the Certificate In Oral Health Education students must assist with a range of procedures in the surgery. The student will have to complete a Record of Competence for a range patients being treated in the surgery as follows:

Practical Competence Assessment Sheets
The care of 7 individuals, (4 of these must be seen on at least two occasions) is required and you must target at least 5 specified patient groups and all of the topics. The setting should normally be within your own place of work but may be elsewhere if appropriate to the particular patient group.

Prevention of Caries
Periodontal Disease
Non Carious Tooth Surface Loss
Oral Conditions

One from each of the following ranges:
Care of Dentures
Care of Fixed Prosthesis
Care of Orthodontic Appliance

The cases you select for your PCAS must also include patients from at least 5 of the following patient groups.

Patient Group Range:

1. Pregnant / nursing mothers
2. Parents of pre-school children (4 and under)
3. Parents of primary school children (5 – 11)
4. Adolescent (12 – 15)
5. Adult (16 – 64)
6. Seniors (65 and older)
7. Special Needs / Medically comprised

Case Study
One required
Any taken from the above

Supplementary Outcomes
One required from each range
Exhibition
CPD

This form is used for recording Student, Employer and Course Provider details. This means that NEBDN will monitor the details you have provided to ensure compliance. Please refer to our Privacy Notice at www.nebdn.org for further information.
NATIONAL EXAMINING BOARD FOR DENTAL NURSES
Training Practice Monitoring Form

Purpose
The purpose of the Training Practice Monitoring Form (TPMF) is to ensure students have access to a suitable clinical learning environment.

The agreement should ensure effective provision of clinical training provided by Employers.

Process
- The TPMF must be completed prior to the acceptance of a student on a course of training by all partners and / or their representatives.
- If more than one student from a practice is undertaking training with the same course provider only one form needs to be completed; however all students must be indicated in the relevant section.

Course Provider Details

<table>
<thead>
<tr>
<th>Name (Centre Name)</th>
<th>Dental Nurse Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>20-22 Wenlock Road, London, N1 7GU</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:info@dentalnursenetwork.com">info@dentalnursenetwork.com</a></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>020 7193 0584</td>
</tr>
<tr>
<td>Named Contact</td>
<td>Marama Millar</td>
</tr>
</tbody>
</table>

Name of Student(s)

Employer Details

Employer Name

GDC Registration No.

Mentor Name

GDC Registration No.
<table>
<thead>
<tr>
<th>Type of Practice e.g. GDP, Private, Hospital and Specialist (please give details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQC certificate or certificate NO.</td>
</tr>
<tr>
<td>Employers Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

**Course Provider Internal Moderator Administration only**

<table>
<thead>
<tr>
<th>Name</th>
<th>GDC Registration Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk(s) Identified</td>
<td>YES □ NO □</td>
</tr>
</tbody>
</table>

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