

Cardiff University School of Dentistry Work Experience Application Form

Name:

Email Address:

Date of Birth:

Address:

Next of kin in case of emergencies:

Please provide a full name and contact number

Area of interest: Dentistry / Hygiene & Therapy

Work experience is based on clinics within the school of dentistry.

If you have any medical conditions that could compromise / affect your health and safety to complete the work experience placement eg, diabetes, asthma or epilepsy please inform us of this so that we can inform the member of staff whose clinic you will be attending on the day.

YES / NO

If you have answered yes, please provide further details below:

We reserve the right to contact your school/employer in order to confirm that the details you have provided on this form are correct.

Please provide contact details

Name of contact:

Address:

Contact telephone number: