

Structured reference to assess knowledge of English

One of the requirements of registration with the General Dental Council (GDC) is that all dental professionals have the necessary knowledge of English to practice the profession. To enable us to effectively assess this applicant’s English language skills, please fill out this form in as much detail as possible.

By completing this form, you are confirming that at least 75% of the applicant’s day to day interaction with patients, carers, their families and other healthcare professionals in your employment or under your supervision has been in English.

You must provide examples to illustrate how each of the four skills of speaking, listening, writing and reading have been demonstrated or this form will not be accepted.

Applicant’s name	
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About the referee

Name																																											
Occupation																																											
Place of employment																																											
Telephone number																																											
Email address <small>This should be an official work email address not a webmail address such as hotmail or Googlemail</small>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																										
Do you hold registration with the GDC?	Yes/No		If ‘yes’ please provide your GDC registration number:																																								
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Are you registered with another UK or an overseas healthcare regulator?	Yes/No		If ‘yes’ Registration number:																																								
			Name of regulator:																																								
Relationship to applicant (e.g. employer, tutor on a course)																																											
Dates supervising applicant	From:					To:																																					
Type of employment/study that the applicant was engaged in	<input type="checkbox"/> Full time		<input type="checkbox"/> Part time																																								

Data Protection

Under the General Data Protection Regulation and Data Protection law, the GDC processes personal data, like the information in this document, because the processing is necessary for the exercise of the GDC’s statutory functions; and the processing is also in the substantial public interest.

Information about how the GDC will use and share the information you give us, the various rights you have in connection with any personal data about you that is held by the GDC, and how long we will keep your information for can be found in the privacy notice on our website here: www.gdc-uk.org/privacy.

About the applicant's English language skills

Does the applicant have the knowledge of English necessary to practise in the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered no, please provide reasons		

Speaking skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked this form will not be accepted.

Speaking with patients and carers

Speaking with dental colleagues and other healthcare professionals

Case presentation

Other

Listening skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked this form will not be accepted.

Attendance at lectures/presentations

Discussions with patients and carers

Discussions with colleagues and other healthcare professionals

Effective taking of patient histories

Other

Writing skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked this form will not be accepted.

Written advice to patients and carers

Written advice/information for dental
 colleagues or other healthcare
professionals

Journal articles/ reviews

Critical incident reports, audits

Standard operating procedures

Other

Reading skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked this form will not be accepted.

Presentations at journal clubs

Summaries of journal articles

Clinical research

Other

Referee declaration

The information I have provided in this document is correct and true.

I agree to the GDC carrying out checks, including checks to verify the information I have given.

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Name and address of organisation/company/establishment	Official stamp		