



DTFT Working Pattern Declaration – from Sept 2024

Practice Name	
Current Scheme	
Educational Supervisor 1	
Educational Supervisor 2 – if applicable	
Educational Supervisor 3 – if applicable	

Foundation Therapist Working Pattern

Please complete the timetable below to show when your FTs are working at the Training Practice. Please remember that a normal working week for an FD is **21 hours**, with no more than eight hours in any working. Every Friday is allocated against either NHSE Study Day or self-directed Learning Time (6 hours). This means that a training practice needs to provide **15 hours** clinical time per week for each FT.

At this stage you do not need to tell us individual FD working patterns. We just need to confirm that there is a total of **30 hours** surgery time available for your 2 FTs.

Please complete using 24-hour clock – please leave blank if the session is not a working one

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning start time						
Morning end time						
Afternoon start time						
Afternoon end time						
Daily hours worked						

Total hours of surgery time available

Notes

Please use this section to tell us about any differing working patterns (such as 2 x FD working on the same day in 2 different surgeries).



Educational Supervisors Working Pattern

Please complete the timetable below to show each Educational Supervisor is present at the Practice. Educational Supervisors need to be present in the practice at the same time as the FTs for a minimum of three days per week (or, in the case of joint ESs for a minimum of three days a week in the same practice in the aggregate).

Educational Supervisor 1

ES Name

Please complete using 24-hour clock – please leave blank if the session is not a working one

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning start time						
Morning end time						
Afternoon start time						
Afternoon end time						

Educational Supervisor 2 – if applicable

ES Name

Please complete using 24-hour clock – please leave blank if the session is not a working one

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning start time						
Morning end time						
Afternoon start time						
Afternoon end time						



Educational Supervisor 3 – if applicable

ES Name

Please complete using 24-hour clock – please leave blank if the session is not a working one

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning start time						
Morning end time						
Afternoon start time						
Afternoon end time						

Clinical Supervisors – please list registrant details on page 4

In the event of an ES not being present in practice for a clinical session, please provide a narrative summary about the clinical support your FTs will access within the practice when an ES(s) is not available. We need details for both planned/booked leave and emergency leave.

For some training practices joint ES working patterns may naturally provide crossover. For other training practices arrangements will be more complicated and require greater explanation.



Clinical Supervisor Details

Clinical Supervisor 1 – if applicable

Name	
GDC Number	
Professional Role	
Number of years since qualification	

Clinical Supervisor 2 – if applicable

Name	
GDC Number	
Professional Role	
Number of years since qualification	

Clinical Supervisor 3 – if applicable

Name	
GDC Number	
Professional Role	
Number of years since qualification	



Proposed Nursing Support for your Foundation Therapist

It is important that your FT secures stable support from a suitably experienced dental nurse. NHS England Midlands request that the nurse(s) that work with your FT should be qualified unless there are truly exceptional circumstances (this must be discussed with your Scheme TPD and the Associate Dean).

We would not expect more than three nurses to be working with an FT in a typical week as this will negatively impact stability of support for your trainee.

Please list the details of nurses you anticipate will be working with your FT.

Nurse One

First Name	
Last Name	
GDC Number	
Anticipated working sessions with FT	

Nurse Two

First Name	
Last Name	
GDC Number	
Anticipated working sessions with FT	

Nurse Three – if applicable

First Name	
Last Name	
GDC Number	
Anticipated working sessions with FT	

Comments/notes

Please use the space below if there is any additional information you need to share that is not capture in any other section of the form

--



Working Hour form completed by:

Completed by	
Role	
Date	
Signature	

Please ensure that your practice name is include in the file name when saving this form

For example - Diamond Smile Clinic Working Hours Form 24-25.pdf