**Dental Core Training Equivalence**

**Educational Supervisor Letter of Support**

**Please note: Applicants who haven't completed a DFT or PLVE programme will need to submit a Certificate of Basic Professional Capabilities in support of their DCT1 application and NOT the Dental Core Training Educational Supervisor Letter of Support.**

***This form is for DCT2 and DCT3 applicants only.***

**Instruction:**

* Applicants to either DCT2 or DCT3 who are NOT undertaking or have NOT undertaken a DCT1 or DCT2 post that has UK Postgraduate Dental Dean’s approval should ask their Educational Supervisor to complete and sign this form
* After the form has been completed and signed, applicants should upload this to their [Oriel](https://www.oriel.nhs.uk/web) account in support of their DCT2 or DCT3 equivalence statement on their application form

Further guidance can be found in section 9 of the [DCT Applicant Guidance](https://www.eastmidlandsdeanery.nhs.uk/recruitment/dental/dental_core_training)

**Applicant name:**

**Applicant GDC number or equivalent:**

**Year of equivalent training undertaking/undertaken: DCT1 DCT2 (delete as appropriate)**

**Hospital name:**

**Hospital address:**

*I confirm that the above post is/was recognised for training and the above applicant has/had a personal development plan and is/was undertaking work-based assessment under supervision.*

**Educational Supervisor Name…………………………………………………………………………………………………….**

**Educational Supervisor Signature……………………………………………………………………………………………….**

**Educational Supervisor GDC/GMC Registration Number or equivalent ……………………………………….**

**Date…………………………………………………………………………………………………………………………………………….**