| | |
|---|---|
| Governance | Add detail to documentation of the requirement to have a system in place to inform patients that they are being treated by a Learner and that consent must be gained |

See above point : 1.21

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PLC confirms the patient consent is covered as part of our induction/orientation programme. We have also devised a patient consent form which will be given to our learners to be used at the work setting. See below.

PRESIDENCY LONDON COLLEGE

# Patient Consent Form

| Patient Details |
|---|
| **Name:** |
| **Address:** |

| Apprentice Details | Clinician/Mentor |
|---|---|
| **Name:** | **Name:** |
| **Employer:** | **General Dental Council (GDC) Registration Number:** |

As the patient identified above, I understand that the named trainee Dental Nurse is undertaking a Level 3 Dental Nurse apprenticeship.

I consent to the presence of an Assessor, who will observe the trainee during my dental treatment. I am aware that the Assessor will be a GDC registrant and understands the required standards of patient care and confidentiality. My consent is only in respect of the trainee Dental Nurse named above. I have been given a copy of this consent form.

| | | | |
|---|---|---|---|
| **Patient Signature:** | | **Date:** | |
| **Trainee Signature:** | | **Date:** | |
| **Clinician/Mentor Signature:** | | **Date:** | |

This form will be kept by the dental practice and stored with the patient notes.