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| --- |
| General Details |
| Name |  |  |  |  |
| Age |  |  |  |  |
| Practice/Clinic Details |  |  |  |  |
| Current position |  |  |  |  |
| Contact Telephone |  |  |  |  |
| Preferred Health Board | Lothian/Fife/Borders(Please delete appropriate) |  |  |  |
| Do you drive and have access to a car? | Yes/No |  |  |  |
| Would you be prepared pick up other colleague(s) | Yes/No |  |  |  |
| Are you able to work: | Night shifts:Yes/No | Weekend shifts:Yes/No |  |  |
| Do you have dependents that require childcare | Yes/No |  |  |  |
| Medical Conditions |
| Do you have any underlying medical conditions that may restrict your work? |  |  |  |  |
| Skills Set |
| OMFS experience | Yes/NoTime period of OMFS experienceFrom:To: |  |  |  |
| Venepuncture Experience | Yes/NoTime period of experienceFrom:To: |  |  |  |
| Sedation Experience | Yes/NoTime period of experienceFrom:To: |  |  |  |
| Domiciliary experience | Yes/NoTime period of experienceFrom:To: |  |  |  |
| Previous experience suturing skin wounds | Yes/NoTime period of experienceFrom:To: |  |  |  |
| Additional comments on skills that you may be able to offer |  |  |  |  |

**Please email the completed form to:-** **dental.contract@nhslothian.scot.nhs.uk**