|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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/No  Time period of OMFS experience  From:  To: |  |  |  |
| Venepuncture Experience | Yes/No  Time period of experience  From:  To: |  |  |  |
| Sedation Experience | Yes/No  Time period of experience  From:  To: |  |  |  |
| Domiciliary experience | Yes/No  Time period of experience  From:  To: |  |  |  |
| Previous experience suturing skin wounds | Yes/No  Time period of experience  From:  To: |  |  |  |
| Additional comments on skills that you may be able to offer |  |  |  |  |

**Please email the completed form to:-** [**dental.contract@nhslothian.scot.nhs.uk**](mailto:dental.contract@nhslothian.scot.nhs.uk)