

## Education Agreement

Company name:	River Alt Dental Clinic		
Contact:	[REDACTED]		
Organisation details:	Woolfall Heath Avenue Huyton L36 3YE		
Email address:	[REDACTED]		
Telephone Number:	[REDACTED]	Mobile Number:	

### ***Details:***

Title of programme:	Dental Therapy Foundation Training
Date:	1 <sup>st</sup> September 2022 – 31 <sup>st</sup> August 2023
Location:	River Alt Dental Clinic
Duration:	12 months
<a href="#">Overview, Brief descriptor:</a>	<p>Provide education and training in a dental practice environment for a newly qualified Dental Therapist. The practice and ES are appointed through a robust regional recruitment process.</p> <p>(This programme follows the model used for Foundation Dentists)</p> <p>The practice will employ a Foundation Dental Therapist who will be in practice and be supported by the Educational Supervisor, who will provide educational and clinical supervision. This will include tutorials and completion of assessments and the portfolio.</p>
<a href="#">Programme outcomes:</a>	<p>The foundation dental therapists will complete a 12month programme of experiential learning that supports the dental therapists transition from safe beginner to becoming independent clinician providing effective safe patient care working in the NHS.</p>

**Finance:**

Salary Contribution for Dental Therapists	██████████
Employers On Costs	██████████
Educational Allowance	██████████
<b>Total (12 month placement)</b>	<b>£25,478.96</b>

**Conflict of interest Declaration:**

Are there any conflicts of interest that we need to be aware of to ensure transparency of this agreement?	<b>/No</b>
If answered yes, please state:	
Will you be using sponsorship / promotion to support this project?	<b>/No</b>
If answered yes, please state:	

Signature on behalf of the organisation	Date
████████████████████	15 September 2022
Signature on behalf of the Practice	Date
████████████████████	15 September 2022