# NATIONAL EXAMINING BOARD FOR DENTAL NURSES

## Candidate Registration Form (CRF) – Post Registration Qualifications

| **Section 1: Examination details** | |
|---|---|
| Target qualification: | |
| Target examination date: | |
| If you wish to apply for a Reasonable Adjustment, please tick below ☐ | |

| **Section 2: Candidate details:** | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Title (please circle) | Mr / Mrs / Miss / Ms / Other (specify) | | | | | | | | | | | | | | | | | | | |
| First name(s) | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | | | | | | | | | | | | | | | | |
| Address | Town County | | | | | | | | | | | | | | | | | | | |
| Postcode | | | | | | | | Telephone number | | | | | | | | | | | | |
| Email address – please print clearly, one character per box | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| NEBDN No (if applicable) | GDC No (attach copy certificate) | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Candidate signature | | | | | | | | | | | | | | | Date | | | | | |