

# VDP Application for a Recruitment & Retention Allowance

Surname

First Name(s)

Email

Phone Number

N.I. Number

GDC Number

Practice Address  
(inc. postcode)

My application is for Classification area:  1  2

## Declaration

I confirm that:

- to the best of my knowledge the information I have provided is accurate;
- my name is included in the second part of a dental list, as an Assistant, and I am undertaking a course of vocational training (VT) approved by NHS Education for Scotland;
- I will provide the full range of general dental services to all categories of patients for the duration of my VT year;
- my NHS earnings will represent at least 80% of my total earnings during my VT year and I will provide evidence of my earnings if requested;
- I will provide at least 4 sessions per week in the relevant Classification 1 or 2 area for the duration of my VT year;
- I will repay the full amount of the allowance if I withdraw from an approved VT course or stop providing GDS in the relevant Classification area.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_