**Appendix A**

**Period of Adaptation Character Reference Form**

This reference is to be completed by a candidate’s approved mentor

|  |  |
| --- | --- |
| Mentor’s name |  |
| Mentor’s professional title |  |
| Mentor’s registration number |  |
| Practice address |  |
| Mentored dates |  |
| Candidate’s name |  |
| Candidate’s registration number |  |

I wish to confirm that I mentored the above candidate through the stated mentored dates. I further confirm that:

* The above-named candidate is of good character and, in my opinion, is fit to apply for full registration with the Dental Council
* The Dental Council should be aware of the following details related to the candidate’s professional character:

|  |
| --- |
|  |

Date:

Mentors signature: