Dental Council
An Comhairle Fiaclóireachta

Appendix D: Request to Mentor

Registered dentists request approval to become a mentor by emailing the Dental Council at info@dentalcouncil.ie

The request email must be sent from the potential mentor's practice email address. If the Dental Council have concerns that a practice manager is attempting to request approval on behalf of a registered dentist, then we will require the request to be put in writing on the dental practice's headed paper and signed off by the registered dentist.

The Dental Council must be assured that the registered dentist requesting approval can be contacted directly.

Potential mentors should only seek approval from the Dental Council when:

- They have read and understood the mentorship guide,
- They have linked up with a dentist who has been provided with a period of adaptation offer letter,
- They feel that they meet the mentor requirements, and
- Both parties want to proceed with the mentorship request.

The email request must include the following:

Potential Mentor's information	Description
Full name	This should be the name as recorded in the register of dentists.
Dental Council registration number	The registration number in the register of dentists.
Contact details	You must provide an email address and phone number that the Dental Council can use should they need to contact you.
Copy of the Mentee's 'Offer of a Period of Adaptation'	This will provide the Dental Council with confirmation that you have read your potential mentee's offer letter.
Practice address	You must include the name and location of your dental practice, or dental practices if operating a chain. Your mentee will only be entitled to work in an approved practice or chain of practices. You should be clear in your request where you intend to allow your mentee to practise.
Website address	You should provide your website address or social media handles if you do not operate a website.
Practice details	You must provide details on the size of your practice or practices. For instance, the number of dental chairs in operation and the number of staff working in your practice, broken down by professional title.
Position in practice	Details on the position you hold in your dental practice. You must be a practice principal or senior dentist in a large practice.

Work history	You should provide details on your work experience to prove to the Dental Council that you are a competent and experienced dentist with good knowledge of the health system in Ireland. You must have four years full-time post-graduation clinical experience in Ireland.
Details on how you intend to provide support to your Mentee.	A request to mentor should only be sent after a discussion with a potential mentee on how you, as a mentor, intent to support them throughout their period of adaptation. You should provide a brief explanation on the agreed support.
Confirmation	You should include confirmation that: • You are in good standing with the Dental Council. • You will maintain your registration throughout the mentoring period. • You will provide a supportive working environment. • You will provide your practice colleagues with Appendix C: 'information for practice colleagues'. • You agree to mentor for the duration of the mentee's period of adaptation. • You agree to provide a contract of engagement that will compensate your mentee appropriately and treat them fairly and equitably during the period of adaptation. • You agree to complete a character reference form on behalf of the mentee. • You agree to inform the Dental Council immediately of any changes in circumstances over the course of your mentoring period. • You agree to provide further information to the Dental Council if requested. • You agree to inform your practice colleagues of your mentorship agreement. **It is important for continuing success of this programme that mentors provide any information requested by the Dental Council in a timely manner.**