



Request for approval for an additional supervisor for the SAS, SAST or SASN scheme

Please complete a form for each additional supervisor, save it and then email to fiona@saad.org.uk

Date

SAS, SAST or SASN?

Your name

Date attended SAAD National Course

Intended sedation technique (s)

Age group of patients - adults, children (<16) or both

Name of proposed additional supervisor

GDC or GMC number of supervisor

Qualifications of proposed additional supervisor

Dental sedation experience of proposed additional supervisor. Including how many years sedation experience they have.

Dental sedation services offered by proposed clinical supervisor. Including approximate number of dental sedations provided in the last 12 months.

Address of the practice(s) where the clinical supervision will take place

A brief description of sedation facilities

The details you have provided will be submitted for approval. Please contact fiona@saad.org.uk with any questions.

Note to supervisors

Some 'New Starters' report difficulties finding an appropriate clinical supervisor. SAAD and DSTG have agreed to assist by maintaining a list of approved supervisors to facilitate introducing 'New Starters' to supervisors. If you would like your name, postcode and contact details to be available in this way, please tick the box below. Further details are available from fiona@saad.org.uk.

FOR OFFICE USE

Approval - date & initials

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Comments