

**CONSENT FOR ASPECTS OF ORTHODONTIC CARE TO BE PROVIDED
BY A TRAINEE UNDER SUPERVISION**

Under the provisions of the Health Practitioners Competence Assurance Act 2003, unregistered persons are permitted to practise orthodontic auxiliary duties (as set out in the scope of orthodontic auxiliary practice) only if they are engaged in a course of training or instruction which has been prescribed for registration purposes. This means that prospective orthodontic auxiliary applicants can undertake supervised orthodontic assisting duties whilst completing a prescribed training programme, prior to applying for registration as an orthodontic auxiliary.

This form is to be completed by patients (or their guardians) to grant consent for orthodontic care to be provided by a trainee working under supervision.

Name (patient)

Please tick:

- I understand that I require orthodontic care.
- I understand that some of my orthodontic care will be provided by an assistant who is undergoing training prior to being registered as an orthodontic auxiliary.
- I give consent for some of my orthodontic care to be provided by a trainee working under the direct supervision of my dentist/dental specialist. I understand that this care will be provided under the direct supervision of my dentist/dental specialist who will be present on the premises when my care is being provided.
- I understand that I have a right to decline to have this care administered by the trainee and the right to ask that a registered oral health practitioner provides it instead.

Signature (patient or guardian)

Date

Name (supervising dentist/dental specialist)

Signature (supervising dentist/dental specialist)

Date