



**CLINICIAN 4**

|                            |                    |            |            |            |            |                       |     |    |                    |
|----------------------------|--------------------|------------|------------|------------|------------|-----------------------|-----|----|--------------------|
| <b>NAME</b>                |                    |            |            |            |            | <b>Under Contract</b> | Yes | No | <b>Date Joined</b> |
| <b>Position</b>            | Principal<br>Other | Associate  | Hygienist  | Therapist  |            | Dental Technician     |     |    |                    |
| <b>Dentistry Delivered</b> | General<br>Other   | Implants   | Ortho      | Endo       | Perio      |                       |     |    |                    |
| <b>Pay Scale (% or £)</b>  |                    |            |            |            |            | <b>Self Employed</b>  | Yes | No |                    |
| <b>Hours/Days Worked</b>   |                    |            |            |            |            |                       |     |    |                    |
| Monday                     | Tuesday            | Wednesday  | Thursday   | Friday     | Saturday   | Sunday                |     |    |                    |
| AM<br>Only                 | AM<br>Only         | AM<br>Only | AM<br>Only | AM<br>Only | AM<br>Only | AM<br>Only            |     |    |                    |
| PM<br>Only                 | PM<br>Only         | PM<br>Only | PM<br>Only | PM<br>Only | PM<br>Only | PM<br>Only            |     |    |                    |
| All<br>Day                 | All Day            | All<br>Day | All<br>Day | All<br>Day | All Day    | All Day               |     |    |                    |

**CLINICIAN 5**

|                            |                    |            |            |            |            |                       |     |    |                    |
|----------------------------|--------------------|------------|------------|------------|------------|-----------------------|-----|----|--------------------|
| <b>NAME</b>                |                    |            |            |            |            | <b>Under Contract</b> | Yes | No | <b>Date Joined</b> |
| <b>Position</b>            | Principal<br>Other | Associate  | Hygienist  | Therapist  |            | Dental Technician     |     |    |                    |
| <b>Dentistry Delivered</b> | General<br>Other   | Implants   | Ortho      | Endo       | Perio      |                       |     |    |                    |
| <b>Pay Scale (% or £)</b>  |                    |            |            |            |            | <b>Self Employed</b>  | Yes | No |                    |
| <b>Hours/Days Worked</b>   |                    |            |            |            |            |                       |     |    |                    |
| Monday                     | Tuesday            | Wednesday  | Thursday   | Friday     | Saturday   | Sunday                |     |    |                    |
| AM<br>Only                 | AM<br>Only         | AM<br>Only | AM<br>Only | AM<br>Only | AM<br>Only | AM<br>Only            |     |    |                    |
| PM<br>Only                 | PM<br>Only         | PM<br>Only | PM<br>Only | PM<br>Only | PM<br>Only | PM<br>Only            |     |    |                    |
| All<br>Day                 | All Day            | All<br>Day | All<br>Day | All<br>Day | All Day    | All Day               |     |    |                    |

**CLINICIAN 6**

|                            |                           |            |            |            |            |                       |     |    |                    |
|----------------------------|---------------------------|------------|------------|------------|------------|-----------------------|-----|----|--------------------|
| <b>NAME</b>                |                           |            |            |            |            | <b>Under Contract</b> | Yes | No | <b>Date Joined</b> |
| <b>Position</b>            | Principal<br>Other        | Associate  | Hygienist  | Therapist  |            | Dental Technician     |     |    |                    |
| <b>Dentistry Delivered</b> | General<br>Perio<br>Other | Implants   | Ortho      | Endo       |            |                       |     |    |                    |
| <b>Pay Scale (% or £)</b>  |                           |            |            |            |            | <b>Self Employed</b>  | Yes | No |                    |
| <b>Hours/Days Worked</b>   |                           |            |            |            |            |                       |     |    |                    |
| Monday                     | Tuesday                   | Wednesday  | Thursday   | Friday     | Saturday   | Sunday                |     |    |                    |
| AM<br>Only                 | AM<br>Only                | AM<br>Only | AM<br>Only | AM<br>Only | AM<br>Only | AM<br>Only            |     |    |                    |
| PM<br>Only                 | PM<br>Only                | PM<br>Only | PM<br>Only | PM<br>Only | PM<br>Only | PM<br>Only            |     |    |                    |
| All<br>Day                 | All Day                   | All<br>Day | All<br>Day | All<br>Day | All Day    | All Day               |     |    |                    |

**Thank you for taking the time to complete this form.  
Please have your completed form ready to discuss at your appointment with a member of our evaluations team.**