

## Self-declaration or reflection statement

(to be completed by applicant)

This form can be completed where your evidence for a learning outcome is based upon reading of guidance or documentation.

Please first read the GDC's [Scope of Practice](#) guidance, and tell us what you learned.

Then, after reading the guidance or documentation, for each specific learning outcome tell us briefly and in your own words (around 400 words):

- What did you learn? (around 200 words)
- How have you applied, or how will you apply, this learning to provide safe and effective dental care? (around 200 words)

Please read the declaration at the bottom of this form and ensure it is signed and dated before you submit. You can fill this form in electronically, but it must be signed, copied, and added to both bundles for submission.

You can provide evidence for up to three learning outcomes using this form. Please use another form if you have more statements to make.

- I confirm that I have read and understood the GDC's [Scope of Practice](#) guidance. Please set out below what you learned from reading the Scope of Practice:

Continues over the page...

I (your name): .....

have read and understood the following guidance or documents:

Link or reference to the guidance or document:	
Learning outcome number:	
What did you learn? (200 words)	
How have you applied, or how will you apply, this learning to provide safe and effective dental care? (200 words)	

Link or reference to the guidance or document:	
Learning outcome number:	
What did you learn? (200 words)	
How have you applied, or how will you apply, this learning to provide safe and effective dental care? (200 words)	

Link or reference to the guidance or document:	
Learning outcome number:	
What did you learn? (200 words)	
How have you applied, or how will you apply, this learning to provide safe and effective dental care? (200 words)	

I confirm all of the information above is correct.

*I understand that making an application or gaining registration with the GDC on the basis of false or fraudulent information, may result in my application being refused and may result in other action being taken against me (including fitness to practise proceedings).*

Your signature: .....

Date: .....