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**Professional (Higher) Diploma in Orthodontic Therapy**

**Trainer/Supervisor Commitments - TRAINER/SUPERVISOR(S) TO COMPLETE**

Applicant Name:

**Please complete your patient and training commitments below. In each box, please provide the following information:**

* **Name of Trainer/Supervisor supporting student**
* **Details of other trainees to be trained/supervised in each session, including number and type of trainee**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **AM** |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |
| **Comments** |  |  |  |  |  |  |