The Leeds Teaching Hospitals NHS
NHS Trust

If you would like to volunteer for a course of free dental treatment at the Leeds Dental Institute, please complete the form below: You must **Not** be registered with your own dentist.

Date:

Surname:

First names:

Current address:

Postcode:

Previous address:

Gender:

D.O.B.:

Telephone number:

Mobile number:

GP's details:

Ethnic group:

Marital status:

Religion:

Are you registered with your own dentist? :	○ Y	◉ N
Do you have a denture that needs replacing?	○ Y	◉ N
Do you have missing teeth that are not currently replaced that you would like replacing? :	○ Y	◉ N
Are you particularly anxious of dental treatment? :	○ Y	◉ N
Are you able to comfortably lay back in the dental chair? :	◉ Y	○ N

SUBMIT

Please click the SUBMIT button above or save this pdf & email to leedsth-tr.ldistudentvolunteers@nhs.net

Leeds Dental Institute

UNIVERSITY OF LEEDS