**Queen’s University Belfast**

**Centre for Dentistry**

**Outreach SUMDE Payments**

Personal Details:

Name: Click or tap here to enter text.

Practice Name: Click or tap here to enter text.

Practice Address: Click or tap here to enter text.

 Click or tap here to enter text.

 Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Dental Service No: Click or tap here to enter text.

**Detail of sessions claimed:** This information is required by DoH and is subject to audit.

**Year:** Choose an item.

**Session Type:** Choose an item.

I confirm the above responsible tutor has provided Outreach teaching as indicated in the timetable provided.

Signature of Outreach Co-ordinator (CfD)

Date

Name of Outreach Co-ordinator (CfD) (Block Capitals) Click or tap here to enter text.

*By signing this form you are confirming the information provided is accurate.*

**Form to be completed and signed by the Outreach Co-ordinator within Centre for Dentistry and forwarded for payment by the date indicated on the cover email to:**

**Julie Mahaffy (J.Mahaffy@qub.ac.uk),**

**School Office,**

**Dental School,**

**Queen’s University Belfast,**

**Grosvenor Road,**

**Belfast**

**BT12 6BP**