

**MEMORANDUM OF UNDERSTANDING BETWEEN DTUK
AND REGIONAL/COUNTRY REPRESENTATIVES**

1 Introduction

Thank you for offering to be a Representative for Dental Trauma UK. The Board is very grateful for your interest. In order to help you in this role, this document sets out what support you may expect from the Charity and, in turn, what would be expected of you.

If you have any queries, please feel free to raise them with the Chair of the Board.

Please keep a copy of the document for your reference and return a signed copy to DTUK to the address given below.

2 The role of a Regional/Country Representative

The role is to:

- (a) Develop, promote and facilitate educational and training activities locally
- (b) Provide advice, guidance, support and networking opportunities for members locally
- (c) Identify and recruit new members
- (d) Explain clearly the benefits of membership

Regional/Country Representatives will:

- Be volunteers who will coordinate and support activities locally for the public and the profession
- Be excellent communicators and networkers
- Be committed and enthusiastic ambassadors for Dental trauma UK
- Be committed to education and training
- Be the point of contact with, and provide support to, the local groups in their area
- Be instrumental in improving communication with groups (clinical and non-clinical) to increase the impact of trauma prevention and management in their area
- Be accountable to Dental Trauma UK Board and provide a brief report of activity from time to time
- Work closely with, and be supported by, the Dental Trauma UK Board
- Be invited to attend a CPD accredited workshop where s/he will be provided with a range of materials and information to assist in carrying out the duties of the role

3 What will be expected of you

To be a Regional/Country Representative, you must meet the following criteria:

- (a) Be in good standing with the General Dental Council (GDC) and to notify the Chair immediately if any concerns are raised with you by the GDC
- (b) Be a paid up member of DTUK
- (c) Permit the publication of your name and contact details in the Members Section of DTUK's website

- (d) Whilst carrying out any work in this capacity, act in the best interests of DTUK and avoiding bringing the organisation into disrepute
- (e) If any such work involves contact either with children or any vulnerable group, to abide by DTUK's Safeguarding Policy (see attached)
- (f) Manage any conflicts of interest effectively in consultation with the Chair. You must not use this position to gain materially or financially unless specifically authorised to do so
- (g) Use DTUK's materials when presenting to third parties and not alter their contents without the authorisation of the Chair
- (h) Carry out the role in a manner which promotes equality of opportunity (for example, ensuring where possible that venues are accessible) and which respects diversity
- (i) Keep a brief record of any work undertaken as a Regional/Country Representative so that it can be included in the Annual Report of the Charity (ie nature of work, date took place, venue, number attended and any particular feedback to note. NB: any feedback may not always be included in the Report and you should mention if you assess that is appropriate). From time to time but not less than once a year, and as agreed with the Chair, to report to the Board (this may be in a brief written report or you may be invited to make a short oral presentation)

4 What you can expect from DTUK

- (a) Your contact is the Chair. Please feel free at any time to email serpil.djermal@nhs.net or telephone her 07930554937 if you have any queries or problems
- (b) Upon receipt of a signed copy of this document by the office, you will be issued with the current set of materials which DTUK representatives are able to use in that role
- (c) Please ensure that any expenses are reimbursed by the group to whom you are making any presentation. If that is not possible, however, please contact the Chair for guidance in advance of any commitment on expenditure being made to see if DTUK can help
- (d) If you would like support or feedback on any early presentations made, please also contact the Chair who may be able to arrange for a Board member or other member of DTUK to attend and help.

5 Agreement

I confirm that I have read, understand and agree with the terms and conditions set out in the above Memorandum of Understanding:

APPLICATION

FIRST NAME:

SURNAME:

MEMBERSHIP TYPE: Nurse Hygienist Therapist Clinical Dental Technician
 Technician Dentist

POSTAL ADDRESS:

EMAIL ADDRESS:

TELEPHONE NUMBER(S):

SIGNATURE:

DATE:

OFFICE USE ONLY

Renewal date (4 year term):