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Page 2: Your information

**Q1** Your details

Name	Nova
Surname	Edgcombe
City/town	
Email	

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**Q2** Your submission is in the capacity as **dental hygienist**

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Page 3: Name of company/organisation

**Q3** Name of company/organisation **Respondent skipped this question**

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Page 4: Your Personal ID number

**Q4** Please add your Dental Council Personal ID registration number



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Page 5: List of scopes of practice

**Q5** Please choose which scope of practice below you would like to comment on? **Scope of practice for dental hygiene**

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Page 6: Comment on proposed scope of practice amendments

**Q6** For the scope/s you have selected, do you agree or disagree with the proposed scope of practice amendments, as reflected in Appendix 1, to: update the references of 'practice', 'branch', 'part' or 'subset' of dentistry in the scopes of practice to correctly attribute the scope to the profession describes remove the references to the detailed scopes of practice, and clearly articulate the scope of practice's definition other minor refinements for this scope, as reflected in Appendix 1? **Disagree**

