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Page 2: Your demographics

**Q1** Your details

Name	Stephen
Surname	Russell
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

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**Q2** Your submission is in the capacity as **dental or clinical dental technician**

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Page 3: Your Personal ID number

**Q3** Please add your Dental Council Personal ID registration number



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Page 4: The proposal

**Q4** Do you agree or disagree with the draft naming policy? **Agree**

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Page 5: Your support

**Q5** Please describe why you support the policy

It is the only way to ensure patient /public safety if there is a breach of competency

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Page 6: Your concerns

**Q6** Please describe your specific concern/s with the policy **Respondent skipped this question**