



Page 2: Your demographics

Q1 Your details

Name	Kathy
Surname	Hopkins
Company/organisation	
City/town	
Email	

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

Page 3: Your Personal ID number

Q3 Please add your Dental Council Personal ID registration number



Page 4: The proposal

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

Page 5: Your support

Q5 Please describe why you support the policy **Respondent skipped this question**

Page 6: Your concerns

Q6 Please describe your specific concern/s with the policy

Doctors rarely get named
