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Page 2: Your information

**Q1**

Your details

First name	Janet
Surname	Sullivan
City/town	██████
Email	████████████████████

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**Q2** dental therapist

Your submission is in the capacity as

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Page 3: Name of company/organisation

**Q3** Respondent skipped this question

Name of company/organisation

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Page 4: Your Person ID number

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

██████

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Page 5: Please provide your feedback by responding to the following question

**Q5**

**No**

Do you support the proposed Supplementary risk management principles for oral health during the COVID-19 pandemic? If you do not support the draft, please share your concerns, reasons for your view, and proposed alternatives if you have any.

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**Q6**

Please share any comments you have below:

Not practical

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