



Page 2: Your information

Q1

Your details

| | |
|------------|----------------------|
| First name | Gayathri |
| Surname | Gunasekaran |
| City/town | ████████ |
| Email | ████████████████████ |

Q2 dentist or dental specialist

Your submission is in the capacity as

Page 3: Name of company/organisation

Q3 Respondent skipped this question

Name of company/organisation

Page 4: Your Person ID number

Q4
Please add your Dental Council Person ID registration number

██████

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

Q5

Yes

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.

Q6

Please share any comments you have below:

None
