

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

---

Page 2: Your demographics

**Q1** Your details

|                      |            |
|----------------------|------------|
| Name                 | Corinne    |
| Surname              | Jones      |
| Company/organisation | [Redacted] |
| City/town            | [Redacted] |
| Email                | [Redacted] |

---

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

---

Page 3: Your Personal ID number

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

[Redacted]

---

Page 4: The proposal

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

---

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 **Respondent skipped this question**

---