



Page 2: Your demographics

Q1 Your details

Name	Pamela
Surname	Clark
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

Q2 Your submission is in the capacity as **oral health 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? **Agree**

Page 5: Your support

Q5 Please describe why you support the policy

It makes good sense to me

Page 6: Your concerns

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