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Page 2: Your demographics

**Q1** Your details

Name	Smita
Surname	Keshoor
Company/organisation	[Redacted]
City/town	
Email	[Redacted]

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**Q2** Your submission is in the capacity as **oral health therapist**

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Page 3: Your Personal ID number

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

[Redacted]

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Page 4: The proposal

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

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Page 5: Your support

**Q5** Please describe why you support the policy

Transparency within the dental industry via the 'Naming Policy' will empower oral health and other health professionals as well as patients. It is beneficial to everyone.

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Page 6: Your concerns

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