



DENTAL THERAPISTS' REGISTRATION BOARD OF NIGERIA

TRAINING INSTITUTION AVAILABILITY MAPPING

Secondary Questionnaire For Training Programmes

One questionnaire for each programme

B000	Name of Institution	
B001.	Date of survey (dd/mm/yyyy)/...../.....

Respondent

B002.	Respondent name (last, middle, first):	
B003.	Respondent position:	
B004.a	Respondent Contacts	Off Tel: _____
B004.b		Mobile _____
B004.c		e-mail _____

Section I: Information about the Training Programme

B101	Title of Programme	
B102	Qualification awarded:	<input type="checkbox"/>
	1. Certificate	<input type="checkbox"/>
	2. Diploma	<input type="checkbox"/>
	3. Advance / Post Graduate Diploma	<input type="checkbox"/>
	4. First Degree (Bachelor)	<input type="checkbox"/>
	5. Masters / Other Post Graduate degrees	<input type="checkbox"/>
	6. Membership	<input type="checkbox"/>
	7. Fellowship	<input type="checkbox"/>
	8. Higher National Diploma	<input type="checkbox"/>
	9. PhD (Doctoral)	<input type="checkbox"/>
	10. Others – please specify	<input type="checkbox"/>

B103	When programme was started (year)	
B104	Year of current accreditation of the programme	
B105	Source of Curriculum <i>(Please tick one box)</i>	Institutional <input type="checkbox"/> 1 National <input type="checkbox"/> 2 Regional (ECOWAS) <input type="checkbox"/> 3
B106	Are there some modules of this training programme administered by video-conference?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
B107	Year the Curriculum was last revised	
B108a	Admission Criteria NATIONAL STUDENTS	1..... 2..... 3..... 4..... 5.....
B108b	Admission Criteria NON-NATIONAL STUDENTS	1..... 2..... 3..... 4..... 5.....
B109	Admission Procedures – 1. Document Review 2. Examinations 3. Interviews	<u>Tick as many as applies</u> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
B110	Application fees
B111	Duration of Programme (in years)
B112a	Fees per annum (current year) NATIONALS
B112b	Fees per annum (current year) NON-NATIONALS
B113	Type of sponsorship a. In-service sponsorship	Proportion of students in the current set _____ %

b. Scholarship c. Self-financing /Private d. Others	_____ % _____ % _____ %
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Section II: Number of Students for this Training Programme

B201	ADMISSION OF NATIONALS: Admissions for last 5 years	<u>MALES</u> 2014..... 2015..... 2016..... 2017..... 2018.....	<u>FEMALES</u> 2014..... 2015..... 2016..... 2017..... 2018.....
B202	ADMISSION OF NON-NATIONALS:	<u>MALES</u> 2014..... 2015..... 2016..... 2017..... 2018.....	<u>FEMALES</u> 2014..... 2015..... 2016..... 2017..... 2018.....
B203	NUMBER OF GRADUATES NATIONALS:	<u>MALES</u> 2014..... 2015..... 2016..... 2017..... 2018.....	<u>FEMALES</u> 2014..... 2015..... 2016..... 2017..... 2018.....
B204	NUMBER OF GRADUATES-NON-NATIONALS:	<u>MALES</u> 2014..... 2015..... 2016..... 2017..... 2018.....	<u>FEMALES</u> 2014..... 2015..... 2016..... 2017..... 2018.....
B205	Possible reasons for non-completion of training	1. _____	

		<p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>
<p>B206</p>	<p>How many more students can be comfortably trained per year in this programme?</p>	<p>.....</p>
<p>B207</p>	<p>Major reasons for current limitation to intake of additional students into this programme</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>

Section III: Trainers o the Programme, by category

	Category	No. at post (Full-time trainers)	No. of vacant posts (full time)	No. of Part-time trainers (including visiting trainers)	No. due for retirement in next 2 years
B301	Health Tutors/Instructors				
B302	Professors				
B303	Associate Professors/Rectors				
B304	Senior Lecture				
B305	Lecturers				
B306	Assistant Lecturer/Graduate Assistant				

Section IV: Clinical practice facilities / Field work sites

B401:

Name	Location / Town	Capacity per session (<i>total number of students that can be trained / accommodated</i>)	Average Number of students attached per session

B402	Does this programme have mandatory activities for community based exposure for students?	(YES) or (NO)
B403	If YES, for how long (in weeks)?
	Do the students currently have community based exposure during this programme (Eg. Patient / family care study, research, NIDs, clean-uo exercises)	(YES) or (NO)

B501: General Comments about this programme:

A702: Interviewer Name:

Signature

End of training programs questionnaire