



iADH

International Association
for Disability & Oral Health

2026 iADH Fellowship application form - Hygienists and allied healthcare professionals

Welcome and Key instructions

This form is for allied healthcare professionals or therapists (e.g. speech and language therapists, dental hygienists, dental nurses or other allied health and social workers) to apply for an iADH Fellowship Award.

If you are a dentist please do NOT complete this form and complete the dedicated dentist fellowship form.

Please note that eligibility to apply for the fellowship an iADH membership requires at least 3 years of iADH membership either as an individual member or as a member of one of our affiliated member societies. Please do not complete the application if you have less than the required 3 years membership as it will be verified by the adjudicators prior to awarding a fellowship.

If you are unsure of your iADH membership number then either contact your National Organisation or the iADH membership secretary: membership@iadh.org

We recommend that you watch our instructional webinars in the iADH website before starting the form and study the pdf version of the application form. This will help you to collect and prepare the necessary information in advance.

We also recommend that you prepare your information in a separate word document and do the editing and word counts in this document before pasting the text into this application form.

Please note that 'disability and oral health' for the purposes of this document would include people with an activity or functional restriction which impacts their oral health directly or indirectly. For example this would include people within a wide scope of intellectual, physical, sensory or emotional disability including dental phobia, but also includes those in marginalised or socially excluded groups such as refugees, people who are homeless or rough sleepers, foster children, those living in remote or hard to reach locations, institutionalised adults/children and frail older adults as some examples.

If you don't think that your CV has enough activity at the moment, then please note that there will be future calls for iADH Fellowship. Fellowships will be awarded in person at iADH Conference in Dublin, in August 2026.

TECHNICAL INFORMATION

The information you enter will be saved in your registry through the unique personalised link you were sent in your application email so please do not forward your personalised link to other people.

It is possible to complete the form in multiple stages/sessions using the

personalised link each time. Please remember to press the button "Save and progress" at the bottom of each page to save the information entered on that page every session.



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Contact Details and Affiliations

* 1. Contact Information

Name and Family Name

Professional Affiliation
and Job Title
(Department, University,
Name of Practice,
Location, Health Care
system, etc.)

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

* 2. iADH Membership Number

Please note that applicants must have been a member of IADH for a minimum of 3 years to be considered for an iADH fellowship

* 3. Please indicate your type of iADH Membership

- I am an individual iADH Member
- I hold iADH Membership via Membership of an iADH Affiliated or iADH National Member Society *
- Honorary Member of iADH
- Other (please specify)

*** 4. Please tell us your National Member Society from the list below**

If you have held a combination of Individual Membership and/or National Member Membership please specify more details below



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Domain 1. iADH Activity

This domain is designed to provide evidence of your personal iADH and National Member Organisation participation and activity during your career to date. You may enter data in one or more of these sections as appropriate. A maximum of 40 points are available towards the fellowship total score. Please note that a threshold score of at least 6/40 possible points is required to pass this iADH Activity Domain.

*** 5. How many years have you been an iADH or Affiliated National Member Organisation**

- <3 years
- 3-5 years (1 point)
- 6-10 years (2 points)
- 11-20 years (3 points)
- >20 years (4 points)

6.

Please complete this box if you have served a term or held a position on a named iADH Committee (e.g. iADH Executive, iADH International Advisory Committee, iADH Education Committee, iADH Research Committee, iADH Media Committee, iADH Conference Organising Committee)

Please provide a brief explanation of the length and date of service and roles undertaken (Maximum 4 points)

7.

Please complete this box if you have served on other Professional iADH Groups for example as an iADH Council member, or on one of the Expert Committees or Taskforces within iADH

Please provide a brief explanation of name of task force and/or role undertaken (Maximum 2 points)

8.

Please Indicate whether you have attended any of the following iADH International Conferences/Events (e.g. as a delegate, as a speaker or to present a poster or oral presentation)

(2 points per conference. Minimum 2 points and Maximum 8 points)

- Dublin 2026 (Booking Confirmed)
- Seoul 2024
- Paris 2022
- iADH Online Research Symposium 2020
- Dubai 2018
- Chicago 2016
- Berlin 2014
- Melbourne 2012
- Ghent 2010
- Santos 2008
- Gothenburg 2006
- Calgary 2004
- Athens 2002
- Madrid 2000
- Japan 1998
- Edinburgh 1996
- Trier 1994
- Others (please specify)

9.

Please complete this box if you have entered any iADH research, case study or poster competitions

Please provide a brief explanation of when, where and what

(Maximum 2 points)

10.

Please complete this box if you have served on any of the Local Conference Organising or Scientific Committees for one of the iADH International Conferences listed above

Please provide a brief explanation of your involvement and/or role undertaken as part of the Local Conference Organising or Local Scientific Committee

(Maximum 6 points)

11.

Please complete this box if you have delivered an iADH INVITED Keynote Presentation or taken part in an iADH INVITED Seminar or Symposium at any of the Conferences listed above

Please provide information including title of the Lecture/Symposium, Conference attended, city and year. Please give details about role and your topic within Symposium

(Maximum 4 points)

12.

Please complete this box if you have served a term or held a Committee or other position within your iADH affiliated or iADH National Members Organisation

Please provide a brief explanation of the length and date of service and the name of the National Member Organisation and roles undertaken

(Maximum 4 points)

13.

If Yes please Indicate the National Member Society on whose Committees you served from the drop down list below

If your National Organisation is not listed above please indicate the Name of the Organisation here

14.

Please give details of any iADH National Member or Affiliated Society Annual Conferences (Minimum 1 day) that you have attended either as a delegate or speaker (in person or virtual)

Please provide title and city where Conference was held

Please note you can add additional detail in Continuing Dental Education Session in Domain 3 later in the application

(1 point per conference. Maximum 6 points)

2026	<input type="text"/>
2025	<input type="text"/>
2024	<input type="text"/>
2023	<input type="text"/>
2022	<input type="text"/>
2021	<input type="text"/>
2020	<input type="text"/>
2019	<input type="text"/>
2018	<input type="text"/>
2017	<input type="text"/>
2016	<input type="text"/>



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Domain 2. Clinical Training & Clinical Practice for people requiring SCD

This section is designed to evidence information related to your Training and Experience related to providing direct care or running services for people with disabilities.

You may enter data in one or more of the available boxes in order to capture all of your Qualifications/Training and your Continuing Professional Education and Clinical Experience and comprehensively as possible.

A Maximum of 40 points are available in this domain.

If you do not reach the required threshold of training, you may be asked to provide real-world evidence of Professional or Clinical Practice via an anonymised patient clinical logbook. You will be contacted shortly after submission and sent an electronic logbook to submit at a later date if this is required.

If your work does not include direct clinical care and you do not reach the threshold to pass this domain, then you can compensate by being outstanding in a minimum of two of the other 4 domains.

15.

Please complete the box below if you have completed any formal training specific to the Clinical Practice of Oral Health/Oral Function and Disability (e.g. during your primary degree or dental diploma or other professional qualification or certificate). Otherwise please leave it blank

Please give details of the year and title of qualification(s) and the University/Institution or Awarding Body and briefly describe the nature and amount of training that you received

16. Please upload copy of evidence of the Formal Training

Choose File

Choose File

No file chosen

17.

Please complete the box below ONLY if you undertook any formal training in Disability Studies, Special Healthcare Needs or Special Educational Needs during or after your training. Otherwise leave it blank

Please give details of the year and title of qualification(s) and the University/Institution or Awarding Body

18.

Please upload copy of evidence of the Training if available

Choose File

Choose File

No file chosen

19.

Additional Training

Please provide a brief explanation regarding any kind of additional structured clinical training related to **Oral Health, Disability and Oral Health/Oral Function, Special Care Dentistry, Special Healthcare or Educational Needs or Disability Studies**, that you may have received that is not covered questions 17 or 18 (Maximum 300 words)

20.

Please, if possible, upload copy of evidence of the Additional Training

Choose File

Choose File

No file chosen

21.

In the following box please list up to 20 of the most relevant Continuing Education Courses relevant to Disability and/or Oral Health and/or Oral Function completed in last 10 years (e.g. e-learning, day/evening or other short courses) that you have been on

Please provide a brief explanation of each course you attended including year, title and length and provider of course. These courses may include special interest courses in related subjects

Please note this are NOT courses where you were a teacher or trainer but where you were the trainee/attendee (Maximum 20 courses)

22.

If you are currently involved in direct care for people with disabilities or disadvantages, please enter details of typical regular scheduled sessions providing dental care for people with disabilities/vulnerable groups every month (regular session equals approximately 4 hours)

If you are now retired from clinical work, please choose an average number of sessions for the final 5 years of your employment

	Sessions per month
Dental Hospital or University Clinic	<input type="text"/>
Government/Community Setting	<input type="text"/>
Nursing home or Institution	<input type="text"/>
Prison or Secure Unit	<input type="text"/>
General/Acute Hospital Setting	<input type="text"/>
GA/Sedation Theatre	<input type="text"/>
Conscious Sedation Clinic	<input type="text"/>
Domiciliary or Outreach Setting	<input type="text"/>

Other (please specify)

23.

Please provide a brief explanation (Maximum 300 words) of the clinical activities described in the previous question



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Domain 3. Research and Scholarship

This section is designed to provide evidence of Scholarship and Research Activity. There are 30 possible points in this domain.

Please, note that you may enter data in one or more of the boxes.

We would not expect for all of the boxes to be filled in - the form is structured so that we make sure that all of your activity is captured in each domain.

If research is not your strongpoint, do not be overly concerned as if you do not achieve the required threshold score to pass this domain, you may compensate for a low score by being 'outstanding' in one of the other 4 domains.

24.

Research - Please complete the box below ONLY if you have completed a PhD or Doctorate in a subject related to the broad scope of Disability and/or Oral Health and/or Oral Function

Please provide a brief explanation including year awarded, title and short synopsis of Thesis and the University/Awarding body. Note publications should be listed in later section and not this box

25.

Research - Please complete the box below ONLY if you have completed a Masters by research in a subject related to the broad scope of Disability and/or Oral Health and/or Oral Function

Please provide a brief explanation including year awarded, title and short synopsis of Masters and the University/Awarding body. Note publications should be listed in later section and not this box

26.

Editorial and Reviewers Duties

Please provide a brief explanation of any other Editorial or Review Roles related to journals which consider articles related to Disability and/or Oral Health and/or Oral Function

27.

Please complete this box if you have been awarded any research Prizes or Awards or Bursaries

Please provide a brief explanation of Prizes/Honours/Bursary

28.

Research - Please give a list of any Publications within the broad scope of Disability and/or Oral Health and/or Oral Function published in peer reviewed journals.

Please list a maximum of 10 Published Papers and provide a link to your google scholar page or orcid index if desired

29.

Guidelines - Please list any Published Guidelines (produced as part of a Guideline Development Group) relevant to the scope of Disability and/or Oral Health and/or Oral Function

Please list Guidelines and provide a link to where they can be found online if possible

30.

Please list any unpublished Research and non Peer Reviewed Research or Book Chapters written, edited or translated

Please provide a brief explanation of any additional Research Projects or Research Activities undertaken which may be as yet unpublished or not yet complete

31.

Conference Oral Scientific Presentations in the area of Disability and Oral Health at iADH Conferences and other International Conferences or International Research Meetings

Please give a list of any Scientific/Research Oral Presentations given at any of the iADH Conferences or other International Conferences and include authors, title of the presentation, city and date

32.

Conference Scientific Poster Presentations in the area of Disability and Oral Health at iADH Conferences and other International Conferences or Research Meetings

Please give a list of any Scientific/Research Poster Presentations given at any of the iADH Conferences or other International Conferences and include authors, title of the presentation, city and date

33.

Conference Scientific Poster Presentations in the area of Disability and Oral Health at National Member Conferences or National Research meetings

Please give a list of any Scientific/Research Poster Presentations given at any of the iADH National Member Conferences or local research meetings and include authors, title of the presentation, city and date

34.

Please list any Prizes, Grants or Bursaries that you have won during your Career

Please give a list of any relevant Prizes or Bursaries that you have ever been awarded for scientific research or scientific activity. Please include year of award and title of project and awarding body

35.

Please list a brief description of any Clinical Audit related to Disability and/or Oral Health and/or Oral Function which you have completed (Maximum 300 words)

36.

Please write a short statement describing how you keep up to date with scientific literature in your field to ensure evidence based or best practice (Maximum 300 words)



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Domain 4. Education and Teaching

This section is designed to capture your activity related to delivery of education and also Educational Projects, development of Teaching Tools and Innovation in educational methodology and pedagogy. This will also include any Invited Lectures or Education courses or student teaching or mentoring in the are of Disability and/or Disability and Oral Health and/or Oral Function.

Please note that this section DOES INCLUDE inter-disciplinary and/or peer to peer education but DOES NOT INCLUDE delivery of patient education or development of patient education Tools. This will be covered in domain 5.

There are 40 points available towards the fellowship in this section. The form is structured so as to a capture all of your data and activity but we would not expect for all of the boxes to be filled in.

37.

If you hold an academic teaching position in a Hospital, University or College, please provide details of your title, role and year of appointment

Please provide details and brief explanation (Maximum 200 words)

38.

In this box please provide details of any Curriculum Development work or innovative teaching tools, within any areas of Disability and Oral Health or Oral Function or Special Care Dentistry that you have designed or co-designed for your students or peers

These might include educational activities and student projects as part of their college, diploma undergraduate, postgraduates level courses including inter-disciplinary and inter-professional education

Please provide details and brief explanation (Maximum 300 words)

39.

Pedagogy/Teaching Activity

Please provide brief explanation and length of any Lectures or Seminars/Symposiums or similar which you regularly deliver in Universities or Continued Education Programmes

40.

Outreach Educational Activity - Development and/or Implementation of Outreach Training Courses or Education Project related to Disability and Oral Health or Oral Function

Please provide details of any teaching activity related to implementation and/or provision of formal outreach staff education programs (e.g. education of staff working in institutions, prisons, long-stay hospitals or group homes) (Maximum 300 words)

41.

Work place based learning - Community, Mentoring, Supervision and Teaching Activities

Please provide details of any other Educational/Teaching/Mentoring activities not captured in previous boxes. This can include mentoring and or supervising students or early career professionals within a private practice, hospital, institution, or public health facility or clinic. Provide a brief explanation of the activity and what is involved in the provision with details of how long you have been doing this and numbers of students or new employees involved (Maximum 300 words)

42.

Please list any invited International or National Conference Oral presentations or webinars related to sharing good practice or education of other health and social care professionals in any area of Disability and/or Oral Health and/or Oral Function

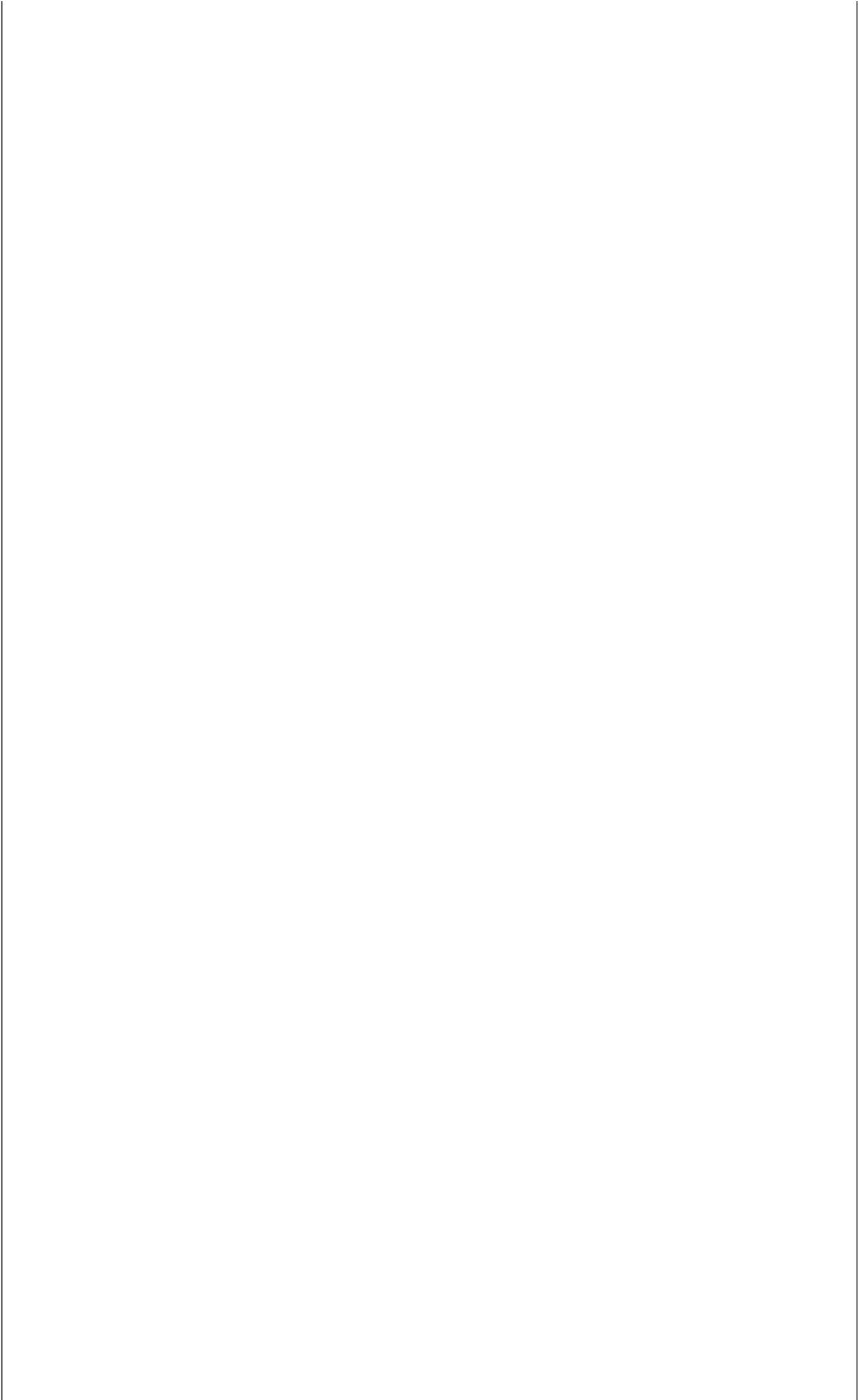
Note that Scientific or Research Oral Presentations or Posters in iADH Conferences should be included in questions 31-32 and should not be duplicated here

Please give a list including title of the presentation, Conference attended, city and date

43.

Please summarise any additional Education Activities that you feel did not fit into the previous categories (38-42)

Please provide details of any other Educational/Teaching/Mentoring activities not captured in previous boxes (Maximum 200 words)





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Domain 5. Patient and Community Engagement and Outreach

This final section is to evidence important activity related to outreach work for vulnerable groups including Community projects, Advocacy activities and Voluntary work and Resource Development of any kind.

Please, note that more than one of the items can be scored and there are 30 points available in this domain.

44.

In this box please summarise your work or activities regarding development of Individual Patient Facing Educational Resources (e.g. leaflets/websites/apps/books/stands/aids) related to Disability and/or Oral Health and/or Oral Function

Please only include work specifically related to development for patients with special healthcare needs or special educational needs or for those in marginalised and vulnerable groups. Provide a brief explanation and you can attach up to 3 documents that you choose to showcase your work if you wish (Maximum 300 words)

45. **Please upload pdf of resource number 1**

Choose File

Choose File

No file chosen

46. **Please upload pdf of resource number 2**

Choose File

Choose File

No file chosen

47. **Please upload pdf of resource number 3**

Choose File

Choose File

No file chosen

48.

In this section please describe any Oral Health Promotion Programmes or Service Delivery Innovations that you have designed and/or delivered for people with disabilities or other vulnerable groups

Please include a short description of the aims, methods and outcomes of the projects (Maximum 300 words)

49.

In this section please detail any Community Engagement Activity, Voluntary Work or Advocacy Activities that you have undertaken with people with disabilities or vulnerable or socially excluded groups

Please provide a brief explanation including hours and length of time (Maximum 300 words)

50.

In this box please give details of any additional relevant community or personal activities or roles not captured in the boxes above

Please provide a brief explanation (Maximum 100 words)

Please proceed to the next page to submit your application form and read what happens next



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Personal Statement

In this final section please write a short 300 word personal statement about why you should be an iADH Fellow. This should not be a list of activities or comities or publications as in previous sections but should be more reflective about the achievements you are most proud of, or the obstacles you have overcome in your career and perhaps your interaction with iADH and your Local Member Organisations.

You may also detail the impact of your research or Oral Health promotion projects. The outcomes or impact of changes that were made related to education or whilst serving on committees that achieved change and please don't hesitate to add local context and local barriers that were overcome.

* 51.

Please write your personal statement here (Maximum 300 words)



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Thank you for completing this application form

The survey will be submitted when you press 'DONE' at the bottom of this page and you will not be able to edit your application after this time

Following submission, 2 adjudicators from a panel independently assess your application. They may need to contact you to verify certain information and may request the completion of a clinical logbook
Please enter the names and contact details of 2 referees who may be contacted to support your application. At least one referee should be a member of iADH

* 52.

Please supply the name and email contact of 2 referees

Referee 1 (iADH member)

Referee 2

* 53.

I confirm that the information that I have provided is true, honest and trustworthy record of my career portfolio of experience. I give my permission for the iADH fellowship panel to contact my referees and my member organisation to verify any of the information provided

Yes

* 54.

I consent to allowing information on this form to be shared with the adjudication panel on the understanding that it will be stored according to local data protection laws and will remain confidential outside of the judging panel

Yes

* 55.

I understand that if I am unsuccessful in the application I will receive feedback as to where there needs to better levels of evidence or activity in my portfolio and I may reapply (one time only) within 2 years of receiving my adjudication with no further application fee payable (small administration fee applies)

Yes

* 56.

You should have received an invoice when you registered for this process. Please confirm payment of your application fee and attach proof of payment for the application

- I have paid 200 dollars by Paypal - Receipt/confirmation of transaction attached below
- I have paid 200 dollars by bank transfer - Receipt/confirmation of transaction attached below

* 57.

Please attach your receipt for payment. If you need more information on how to make payment please visit the iADH website or contact the iADH membership secretary membership@iadh.org for details on how to pay your application fee. Please ensure that your country is listed below if you have applied the developing economies rate

Please upload evidence of payment - this may include copy of receipt or proof or bank transfer

Choose File

Choose File

No file chosen

Thank you for completing the form please press "Done" at the bottom of the page to finally submit your application.

The Fellowship Team will write to confirm whether you have been successful.

Unsuccessful applications will be given feedback and given the opportunity to resubmit an application within 2 years at no further cost if they have further information or activity to add to their original application (small administration fee will apply).

Sincerely,

The iADH Fellowship Award Committee

