

Tobacco Cessation Workshops

Application form

Eligibility

Any FDI Regular or Associate Member National Dental Association (NDA) is eligible to apply.

In 2025, a maximum of seven NDA workshops can be supported. The selection will be made by the FDI Public Health Committee based on the information provided in the application form and considering country priorities in terms of tobacco use prevalence and risk factors for oral health.

NDAs that have participated in the FDI pilot Tobacco Cessation Workshop in December 2021 or in one of the workshops conducted by the FDI Tobacco Cessation experts are in a favorable position when applying for the workshop implementation grant.

The workshops

The [FDI Tobacco Cessation project](#) was launched in 2020 to provide dentists and dental teams with smoking cessation and control resources that can be implemented in the dental setting. FDI has produced a [Tobacco Cessation Guide](#) (available in English, French, Spanish, Arabic and Japanese) and [video animations](#) for Oral Health Professionals which present how to deliver a three-to-five-minute intervention in the dental setting to help a tobacco user make a quit attempt.

To support this initiative, member NDAs can apply for a **grant of CHF 1 000** to implement a Tobacco Cessation Workshop in their country. The aim of the workshops is to educate and train a selected number of oral health professionals to apply the guidance and deliver tobacco cessation advice to patients in their practices.

FDI has developed a [Tobacco Cessation Workshop](#) package that can be used and, if needed, adapted by NDAs to facilitate the workshops.

Workshop participants should meet the following requirements:

- Recognize that smoking cessation is part of the practice of dentistry.
- Be interested in helping tobacco users to quit their smoking habit.
- Be able to communicate fluently in English.

Completed application forms must be returned to projects@fdiworld dental.org

Section A: About the applicant

Name of the national dental association

FDI membership status

- ☐ Regular member ☐ Associate member

Key contact person (responsible for leading the workshop)

NAME
POSITION IN ORGANIZATION
ADDRESS
TELEPHONE
E-MAIL

Section B: About the workshop

Details

LOCATION / VENUE:	
PROPOSED DATE:	
ANTICIPATED NUMBER OF PARTICIPANTS:	
PARTICIPANT PROFILES: (E.g. dentists, dental teams, government representatives, international organizations, NGOs)	
BACKGROUND INFORMATION: Provide some information / data on tobacco use, consequences, and any national control policies in your country.	
BUDGET: please explain how the budget will be spent	

Do the standard FDI workshop programme and material need adapting to be used for a workshop in your country?

Can a virtual attendance of FDI Tobacco Cessation experts be facilitated by providing the necessary tools and equipment?

Have you or other representatives from your NDA participated in the FDI pilot workshop in December 2021 or in one of the workshops conducted by the FDI Tobacco Cessation experts? Please specify.

Section C: Workshop implementation team

Identify all stakeholders involved in the workshop organization and implementation, e.g. NDA representatives, WHO representatives.

Member 1

NAME
ORGANIZATION
ROLE AND RESPONSIBILITIES
TELEPHONE
FAX
E-MAIL

Member 2

NAME
ORGANIZATION
ROLE AND RESPONSIBILITIES
TELEPHONE
FAX
E-MAIL

Member 3

NAME
ORGANIZATION
ROLE AND RESPONSIBILITIES
TELEPHONE
FAX
E-MAIL

Member 4

NAME
ORGANIZATION
ROLE AND RESPONSIBILITIES
TELEPHONE
FAX
E-MAIL

Member 5

NAME
ORGANIZATION
ROLE AND RESPONSIBILITIES
TELEPHONE
FAX
E-MAIL

Member 6

NAME
ORGANIZATION
ROLE AND RESPONSIBILITIES
TELEPHONE
FAX
E-MAIL

Section D: Declaration of intent

I confirm that I am authorized to sign this declaration on behalf of my National Dental Association (NDA) and that the information provided in this form is accurate, to the best of my knowledge.

If the application is successful, the NDA will only use the grant for the purposes specified in the current workshop proposal.

The NDA is obliged to respond to a post-workshop survey provided by FDI to evaluate the impact of the workshop on a national level. The NDA is further obliged to distribute and collect a post-workshop survey provided by FDI to all workshop participants and to provide FDI with the survey results.

TITLE	FIRST NAME	LAST NAME	POSITION IN ORGANIZATION
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DATE	SIGNATURE
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