



1. Registration Details (please complete in BLOCK letters)

Registration No:
(for office use only)

Surname: KOWALSKI

First names: JAN

Title:

Ms

Mrs

Miss

Mr

Gender:

M

F

Date of Birth:

Address where the Council can contact you:
(please note that we will only publish your name and postal town on the GDC website. See guidance notes)

UL. JASNA 5 M.3
WARSAWA
POLAND

Postcode: 01-234

Telephone: 00 48 22 345 6789

Email address: JAN.KOWALSKI@WP.PL

Nationality: POLISH

Dental Qualification/s

Awarded by

Awarded on

DENTIST

MEDICAL UNIVERSITY
OF WROCLAW

06.2001

The above details are correct and my name has not been entered in the Dentists Register before.

Signed

J Kowalski

Date:

Please complete the label below in BLOCK letters so it can be used for mailing your certificate

Name: JAN KOWALSKI

Address: UL. JASNA 5 M.3
WARSAWA
POLAND

Postcode: 01-234

2. Health and Character

Character Reference *(see guidance notes)*

I
 Full name: **ANNA NOWAK**
(in BLOCK letters)

of

Address: **UL. KOLOROWA 20
 WARSZAWA
 POLAND**

Postcode: **02-345**

either (a) am satisfied that, to the best of my knowledge, the applicant is of good character and fit for

registration *(please tick)*

or (b) the GDC should be aware of the following details of the applicant's character which might affect his/her suitability for registration

Position held: **DENTIST**

Signed:

ANNOWAK

Date:

2 0

1 0

0 6

01-2345

Anna NOWAK
 lekarz stomatolog
 ul. Kolorowa 20
 02-345 Warszawa

SPECIMEN - MAVERO RECRUITMENT

Health Certificate (see guidance notes)Full name:
(in BLOCK letters)

MARIA KRAJEWSKA

of

Address:

UL. CZARNA 35
WARSZAWA
POLAND

Postcode:

03-456

certify that I have examined

Full name:
(in BLOCK letters)

JAN KOWALSKI

and his/her medical history and have carried out tests for blood-borne viruses and either

(a) in my opinion, there is no condition impairing his/her fitness to practise dentistry (please tick)

or (b) relevant conditions of which the GDC should be aware are

Medical Qualification/s

Awarded by

Awarded on

OCCUPATIONAL HEALTH
PHYSICIANMEDICAL UNIVERSITY
OF WARSAW

09.1998

Registration
Number:

01-3355

Signed:

Maria Krajewska *M Krajewska*

Date:

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The GDC must receive this certificate within three months of the date on which it was signed

4. Payment for this Application only

I wish to pay by (please tick appropriate box) Debit/Credit Card Cheque/UK Postal Orders

If you are paying this fee (see guidance notes on fees for amount) by Debit/Credit Card (MasterCard, Visa, Switch, Solo, Electron and Maestro) please fill in the following:

Cardholder's name: 

Card number:

Valid from: Expires on:

Issue no:
(for Switch cards only)



Amount:

Cardholder's signature:

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3. Health and Character Self-Declaration (see guidance notes)

1. Do you know that you are a carrier of any infectious disease, blood-borne virus or other transmissible disease or do you have any reason to believe that any such infectious or transmissible disease may be present?

Yes No

If yes, please detail the infectious or transmissible disease or blood-borne virus on a separate sheet.

2. Do you know if you are suffering from any other medical condition which might jeopardise the well-being of patients whom you may treat or fellow health care professionals?

Yes No

If yes, please give details of the medical condition on a separate sheet.

3. Have you been convicted of a criminal offence or cautioned or are you currently the subject of any police investigations which might lead to a conviction or a caution in the UK or any other country? Note: Dentists are exempt from the Rehabilitation of Offenders Act 1974. You must, therefore, tell us about prosecutions or convictions, including those considered "spent" under this Act.

Yes No

If yes, please give details on a separate sheet of the criminal offence or caution or details of any current proceedings which might lead to a conviction or caution, including the approximate date, offence and authority and country which dealt with the offence.

4. To the best of your knowledge, have you been or are you currently subject to any proceedings by a regulatory or licensing body in the UK or any other country?

Yes No

If yes, please give details on a separate sheet of the nature of the proceedings undertaken, or contemplated, including approximate date of proceedings, country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned.

I know that if I make any false declaration in this application

- my registration may be refused and/or
- I may be prosecuted and/or
- I may be charged with serious professional misconduct

The information I have given here is true.

Signed

J Kowalski

Date:

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5. Equality Monitoring Form

The GDC is committed to promoting and developing equality and diversity in all its work. We want to be sure that our policies and ways of working are fair to all individuals and groups, whatever their circumstances. To help us do this, we need to collect information so that we can have an accurate profile of our staff, members, registrants and other people that we deal with. This will also help us to meet our legal obligations under existing and new equality legislation. The information will be used to assess any potential or actual bias.

Therefore, we are asking you to complete this form. The questions are mostly modelled on the 2001 UK Census. You do not have to fill the form in, or you may choose to leave some sections blank, but having this information will help us to monitor diversity and equality in all aspects of our work. We will treat this information confidentially. We will only use it for statistical monitoring purposes and will only release information as anonymous statistics.

Thank you for taking the time to complete and return this form.

1. What is your ethnic group?

(Please tick the appropriate box)

A White		B Mixed	
English	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Other Mixed background (please write in)	
Welsh	<input type="checkbox"/>		
Other White background (please write in)			
	<input type="checkbox"/>	D Black or Black British	
		Caribbean	<input type="checkbox"/>
		African	<input type="checkbox"/>
		Other Black background (please write in)	
		E Other Ethnic group	
		Arab	<input type="checkbox"/>
		Chinese	<input type="checkbox"/>
		Iranian/Persian	<input type="checkbox"/>
		Other Ethnic background (please write in)	

2. What is your year of birth?

1	9	7	5
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3. What is your gender?

Male Female

4. What is your sexual orientation?

Heterosexual Lesbian/Gay Bisexual

5. What is your religion?

None

Christian *(including Church of England, Catholic, Protestant and all other Christian denominations)*

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion *(please write in)*

6. Do you consider that you have a disability?

Yes No

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