

Registering as a dentist with the General Dental Council (EU/EEA/Switzerland)

Application Form

This application form, accompanying documents and registration fee should be posted to:

**Registration Team (New Registrations)
General Dental Council
37 Wimpole Street
London
W1G 8DQ**

Section 1: Registration details *(Please complete in BLOCK letters)*

The details that you enter in this section will be your registered details. Your name, registered address, and your qualification(s) will appear in the register and will be available to the public on our website or on request. We will not disclose to the public any other personal details you provide.

Registration number: *(office use only)*

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Title: Mr Mrs Ms Miss

Last name:

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First names:

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Postcode:

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Gender: M F

Date of birth:

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				Y	Y

Nationality:

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Other contact details

To ensure we are able to process your application promptly, please provide contact telephone numbers and an email address. These details will not be made available to the public. From time to time we may wish to contact you by email or text message.

Home phone:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Work phone:

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Mobile phone:

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Email address:

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Primary dental qualification	Awarded by	Year qualification gained

The above details are correct and my name has not been entered in the dentists register before

Signed: Date:

Section 2: Health and Character

Character reference (See guidance notes)

The character reference and the health certificate cannot be signed by the same person or by a member of the applicant's family.

I (insert name of character referee):

professional position:

of (insert address):

Postcode:

have completed this declaration in respect of:

(insert name of applicant):

And either: (Please tick one of the boxes below)

(a) am satisfied that, to the best of my knowledge that they are of good character and fit for registration

OR

(b) the GDC should be aware of the following details of character which might affect their suitability for registration (please use a separate sheet if required).

Signed: Date:

This certificate is only valid for three months from the date on which it was signed

Health Certificate (See guidance notes)

The character reference and the health certificate cannot be signed by the same person or by a member of the applicant's family

I (insert name of health referee):

of (insert address):

Postcode:

Certify that I have examined:

(insert name of applicant):

and their medical history and have carried out/have seen results of tests for blood-borne viruses and:
(please tick one of the boxes below)

(a) In my opinion, there is no condition impairing their fitness to practise dentistry.

OR

(b) While there is no significant impairment; there are relevant conditions of which the GDC should be aware.

OR

(c) The applicant has a significant impairment which will directly affect their fitness to practice (please use a separate sheet if required).

Medical Qualification/s	Awarded by	Awarded on

GMC registration number (if appropriate):

Signed: Date:

This certificate is only valid for three months from the date on which it was signed

Section 3: Health and Self-Declaration (See guidance notes)

1. Do you know that you are a carrier of any infectious diseases, 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 give details of 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 professional misconduct

The information I have given here is true

Signed: Date:

Section 4: Payment for this application only

I wish to pay by: (please tick)

Cheque / Postal Order (enclosed and made payable to 'General Dental Council')

Cheque/ postal order number:

Account holder's name (for cheque payments only):

This application form, accompanying documents and registration fee should be posted to the address shown on the front of this form.

If you would like to pay with a credit card please complete the section below.

Credit / Debit Card

Credit / debit card payments can only be made on our e-payment portal.

We will notify you by email when you can make the payment. This will normally be when your application has been processed and we can proceed with your registration.

In order to pay by credit or debit card you must have access to the internet and an email account.

Please provide the following details so that we can contact you. Please ensure that you check your email account regularly and contact us should your email address or phone number change.

Please make payment within 14 days of receiving your payment request form, otherwise your application may be delayed or returned to you.

Email address:

Preferred contact telephone number:

Payment for future annual retention fees (ARF)

Bank/Building Society to pay by Direct Debit

Please complete this form if you wish to pay your future annual retention fees by Direct Debit. The completed form must be received by 30th September of the year prior to the year you are paying for.

Please complete form in BLOCK CAPITALS using a ball point pen

Name(s) of Account Holder(s) to be debited

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank or Building Society Account No

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Branch Sort Code

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Name and full postal address of your United Kingdom Bank or Building Society

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Direct Debit Originators No

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Your GDC registration number (for office use only)

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Instruction to your Bank or Building Society: Please pay the General Dental Council Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the General Dental Council and if so, details will be passed electronically to my Bank/Building Society.

Signature of account holder(s): Date: | | | | | | |

Signature of account holder(s): Date: | | | | | | |

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

Please detach and retain this guarantee.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit the General Dental Council will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the General Dental Council to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by the General Dental Council or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when the General Dental Council asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Guidance notes for completing this form

(Advice for applicants and those signing the Character and Health sections)

To be eligible for registration you will have to demonstrate that you qualify as an "exempt person". There are different ways an applicant may qualify as an exempt person. These are:

1. Nationals of EEA states (other than UK nationals) and Swiss nationals;
2. UK nationals with enforceable Community rights by virtue of having resided in another relevant European state as a worker, self employed person, student or self-sufficient person or (in the case of an EEA state) pursuant to the three month right to reside under Directive 2004/38/EC;
3. Those who are not nationals of an EEA state or Switzerland and who are:
 - a) the spouse/civil partner registered under the law of an EEA state of:
 - i. a non-UK EEA national in the UK as a worker, self-employed person, or self sufficient person, or pursuant to the three month right to reside under Directive 2004/38/EC;
 - ii. a UK national having resided in another relevant European state as a worker, self-employed person, or self sufficient person, or (in the case of an EEA state) pursuant to the three month right to reside under Directive 2004/38/EC;
 - b) the descendant aged under 21 years, dependent descendant or dependent relative in the ascending line of an EEA national as defined in (a) (i)-(ii) above, or of their spouse or civil partner or the extended family member of such a person having been given the right to reside in the UK;
 - c) the spouse, civil partner of an EEA national in the UK as a student for more than three months or a UK national having studied for more than three months in another relevant European State, or the dependent child of such an EEA or UK national or their spouse or partner;
 - d) a person previously falling into one of the categories in (a)-(c) above who has retained their Community rights following the death or departure of the EEA national from the UK or following divorce, annulment of marriage or termination of the civil partnership, under the conditions described in Articles 12 - 13 of Directive 2004/38/EC;
 - e) the spouse, child under 21 or dependent child of a Swiss national in the UK as an employed worker, a self employed person, a student or self sufficient person.

Rights conferred by this Directive do not extend to a substantive right to have professional qualifications recognised. If you are entitled to be treated as an exempt person in the UK, you are NOT entitled to automatic recognition of your qualifications.

Please note we cannot accept any documents or application forms by fax or email. The documents and forms must be posted and addressed to the Registration Team, (New Registrations), General Dental Council, 2nd Floor, 37 Wimpole Street, London, W1G 8DQ.

The Registrar must be satisfied that applicants for registration are fit to practise dentistry before registering them. We need:

- a signed character reference
- a health certificate, filled in by a registered medical practitioner who has examined the applicant and their medical history and
- a declaration about health and character filled in by the applicant

Publication of your personal details

We are obliged to keep Registers of Dentists and Dental Care Professionals who are registered with us. These Register are public documents and are available in the following formats:

- The GDC office Registers which can be consulted by calling us;
- The website Registers which can be consulted via our internet website www.gdc-uk.org.

Please note that your full registered address is public information.

Change of Address

Please tell us if you change your address. If you do not do so, this could lead to important communications and notices, including those relating to the annual fee, going astray. To tell us of a change of address please call the Registration Team on 0845 222 4141 or email registration@gdc-uk.org.

Keeping your name on the register

To keep your name on the Register you must pay your annual fee each year. We will notify you when your fee is due. You must pay this fee by law whether or not have received the reminder.

The Character Reference

If you are applying for registration within one year of graduation, the character reference must be provided by the head of your dental training school. If you are applying for registration more than one year after graduation, the character reference can be provided by another professional such as a doctor, (but not the doctor who completes the health certificate on this form), a dentist or a lawyer who has known you for over one year. The character reference cannot be provided by a member of the applicant's family.

The GDC will only use the information provided by the referee to assess fitness for registration. The person writing the character reference should include any information about the applicant's character or health which might raise a question about the applicant's suitability for registration. The Registrar will decide whether or not the information is relevant and whether any further inquiries need to be made.

The Health Certificate

The person completing this section must be a registered medical practitioner and not a member of the applicant's family. The medical practitioner must say if the applicant has any condition present which might impair fitness to practice. Having such a condition will not necessarily mean we will refuse registration. If the Registrar is satisfied that applicants with conditions can be trusted to self-regulate, by taking steps which avoid any danger to patients, they will be registered provided that the rest of the application is in order. The Registrar may refuse to register someone with serious impairing problems (for example, substance abuse or serious mental illness) who cannot be trusted to self-regulate, although they can reapply if their condition improves.

The medical practitioner should tell us about any relevant condition on a separate sheet. While not a definitive list, examples of conditions we would expect to know about are:

- uncorrected visual impairment
- the presence of any infectious disease, blood-borne virus (tuberculosis, hepatitis B) or other

- transmissible disease
- prescribed medication which substantially impairs the immune response
- psychiatric disease or problems
- alcohol or drug related problems

Applicants must pay the medical practitioner the fee asked for carrying out the medical examination and completing the form. The General Dental Council will not refund any fees for carrying out medical examinations.

The Health and Character Self-Declaration

This declaration should be completed and signed by the applicant. Because Dentists are exempt from the Rehabilitation of Offenders Act 1974, you must tell us about any previous or pending prosecutions or convictions, including those considered “spent” under this Act. You must also include any cautions. We also need to know if you have been the subject of any proceedings in the past, or if any are being contemplated, by a regulatory or licensing body in the UK or any other country.

We will treat the information you provide in confidence. We will only use it to assess your fitness for registration now and in the future and will only refuse registration on the basis of this information if we are satisfied about your fitness to practise and or/good character. If you make a false statement, we may refuse your application for registration and/or prosecute you and/or charge you with professional misconduct.

Documents required

Please refer to the accompanying guidance information for documentation required to be submitted.

Return of documents

An administration charge of £10 should be added to the registration fee if you wish us to return any documents you have submitted.

Continuing Professional Development (CPD)

You must also undertake CPD in 5 yearly cycles, as a condition of continued registration. Further information is available our website www.gdc-uk.org.

Registration fees

Please check our website or call the Registration Team on +44 (0)845 222 4141 for current registration fees.

General

Please return your completed form, your documents and fees to the Registration Team (New Registrations), General Dental Council, 37 Wimpole Street, London W1G 8DQ. Cheques and UK postal orders should be made payable to ‘General Dental Council’. Cheques must also be payable through a UK bank. Please refer to section 4 of the form for payment by credit/debit card. When you have been registered you will receive a certificate of registration.

It is a criminal offence for anyone, other than a registered medical practitioner, to practise dentistry without being registered with the General Dental Council.

If the Registrar is in any doubt about an application for reasons other than failure to comply with the CPD requirements, they reserve the right to require an applicant to attend an interview in person at the Council’s offices.

Equality Monitoring Form

The GDC is committed to promoting and developing equality and diversity in all our work. We want to be sure that our policies and ways of working are fair and do not discriminate against individuals or groups. To help us to monitor the effectiveness of our policies and practices we ask you to complete the monitoring form. This information will be treated in the strictest confidence under the Data Protection Act 1998 and will be used to produce statistics to enable the GDC to look at the diversity profile of our staff, registrants and others with whom we work. Through this we can check a variety of processes to ensure equality and address issues as they arise.

AGE

- 16-21 22-30 31-40 41-50 51-60 61-65 Over 65 Prefer not to say

DISABILITY Do you consider yourself to have a disability?

- Yes No Prefer not to say

(The Equality Act 2010 defines disability as a physical or mental impairment which has substantial long-term effect on a person's ability to carry out normal day to day activities.)

RACE

White

- British
 Irish
 Any other White background (please specify)

Black or Black British

- African
 Caribbean
 Any other Black background (please specify)

Asian or Asian British

- Bangladeshi
 Indian
 Pakistani
 Any other Asian background (please specify)

Mixed Ethnic Background

- White and Asian
 White and Black African
 White and Black Caribbean
 White and Chinese
 Any other mixed ethnic background (please specify)

Chinese or any other ethnic group

- Chinese
 Any other ethnic background (please specify)
- Prefer not to say

SEX

- Female Male Prefer not to say

GENDER IDENTITY – is your gender identity the same as the gender you were assigned at birth?

- Yes No Prefer not to say

RELIGION/BELIEF

- Buddhist Christian Hindu None
 Jewish Muslim Sikh Prefer not to say
 Other religion / faith (please specify)

SEXUAL ORIENTATION

- Bisexual Gay man Gay woman Heterosexual Prefer not to say

MARITAL STATUS

- Civil partnership Divorced Married
 Separated Single Widowed Prefer not to say

THANK YOU FOR YOUR COOPERATION