

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

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## 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**



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 character 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:



**This guarantee should be detached and retained by the payer.**

## **The Direct Debit Guarantee**



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank and Building Society.
- If the amount to be paid or the payment dates change, the General Dental Council will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by the General Dental Council or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of the letter to the General Dental Council.

## **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, 2<sup>nd</sup> 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](http://www.gdc-uk.org); and
- The Registers in disk format which can be purchased from us

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](mailto: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 on our website [www.gdc-uk.org](http://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**

GDC Contact Number: .....  
(For GDC Office Use Only)

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). **You do not have to complete this 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

**DISABILITY**

Do you consider yourself disabled?     Yes     No

(A disabled person is someone who has an impairment, experiences externally imposed barriers or self-identifies as a disabled person.)

**ETHNIC ORIGIN****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  
 Any other mixed ethnic background  
*please specify* \_\_\_\_\_

**Black or Black British**

- African  
 Caribbean  
 Any other Black background  
*please specify* \_\_\_\_\_

**White**

- British  
 Irish  
 Any other white background  
*please specify* \_\_\_\_\_

**Chinese or any other ethnic group**

- Chinese  
 Any other ethnic background    *please specify* \_\_\_\_\_

**GENDER**

- Female                       Male

**Religion/Belief**

- Buddhist                       Sikh  
 Christian                       None  
 Hindu                           Other religion / faith *please specify* \_\_\_\_\_  
 Jewish                           Prefer not to say  
 Muslim

**Sexual Orientation**

- Bisexual                       Gay Man                       Prefer not to say  
 Gay woman/Lesbian         Heterosexual

**Thank you for your cooperation.**