

Application to be restored to the register

Dental care professional (DCP)

Completing this form:

You can complete this form electronically or by hand. If completing by hand, please use BLOCK CAPITALS. When completed, you will need to print and sign in all relevant sections to submit. We cannot accept electronic signatures - ***all signatures must be in ink*** (i.e. a wet signature).

Please note if your application is incomplete, it will be returned to you.

Your application form and accompanying documents should be posted to:

General Dental Council
Registration Team
1 Colmore Square
Birmingham
B4 6AJ

Checklist

Please follow the checklist below and ensure you have completed all the relevant sections of the form, and included copies of all supporting documents.

Section 1: Registration details

- Provide your name and contact details.
- Provide evidence of your identity certified by your character referee.
- Sign the declarations and provide a Certificate of Good Standing or Certificate of Current Professional Status, or a statement, if applicable.

Section 2: Character reference

- Your referee must be a registered professional who has known you for at least 12 months; your referee must not be a family member.
- Your referee must sign your passport photo and proof of identity.
- Your signed reference must not be more than three months old when your application is received.

Section 3: Health and self-declaration

- Sign and date your health and self-declaration and provide a supporting statement and additional information where applicable.

Section 4: English language

- Provide evidence of your knowledge of English if applicable.

Section 5: Continuing professional development (CPD)

You will need to provide us with a CPD declaration. Please use only the declaration that applies to you. Please ensure you complete one of the following options:

- Declaration 1:** You have been off the register for less than 12 months and have not previously been removed from the register for not complying with CPD requirements.
- Declaration 2:** You have been off the register for more than 12 months, but less than five years, and have not been previously removed from the register for not complying with CPD requirements.
- Declaration 3:** You have been off the register for more than five years, or you have been removed from the register for not complying with CPD requirements at any time.

Please note, CPD audits:

Once you are restored to the register, we may carry out an audit at any time during your CPD cycle. If you're selected for an audit, you'll be asked to submit your CPD record for the completed part of current your cycle. We may carry out an audit of your CPD record for up to five years after it is completed, so please ensure you retain it.

Section 6: Payment for this application only

- Once your application has been assessed and approved, you will receive an email to request payment for restoration.
- Payment can be made via your [eGDC](#) account.

Section 7: Payment for future Annual Retention Fees

- Have you decided to pay the Annual Retention Fee (ARF) by Direct Debit in future? If so, please provide the relevant information.

Section 8: Guidance notes

- An equality monitoring data is requested in this form. The information you provide helps us ensure our policies and procedures are inclusive and do not discriminate.

Important notice:

Please ensure that you complete the current version of this form. You can check that you are using the correct version of this form by using our [online route to registration questionnaire](#) (select the option that confirms you have been registered before).

Before submitting the form ensure that all declarations are signed, that all the supporting documents are provided and certified by your character referee where applicable. Failure to do so may result in the application being rejected.

Supporting documents

Please put a check the box against each document that you are supplying with your application. **Your character referee must certify your documents by countersigning and dating them.** Please do not send originals to the GDC other than a passport photograph or translation of documents.

- Evidence of name change (if applicable)
- Translation of documents (**original**, if applicable)
- Evidence of English language (if applicable)
- Proof of identity
- Passport photo (**original**)
- Additional document(s), please specify:

Section 1: Registration details

The details that you enter in this section will be your registered details. Your name 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. Please note that the GDC may choose to publish your full registered address in the future.

I am applying to be restored to the register as a:

- | | |
|---|--|
| <input type="checkbox"/> Clinical dental technician | <input type="checkbox"/> Dental hygienist |
| <input type="checkbox"/> Dental nurse | <input type="checkbox"/> Dental technician |
| <input type="checkbox"/> Dental therapist | <input type="checkbox"/> Orthodontic therapist |

Restoration to the dental care professionals (DCPs) register is restricted to individuals returning to the register under the same particular title or titles as their previous registration in that register. Please note that it is not possible to return to the register under a different DCP title to what you were previously registered as.

Full name of applicant (This must exactly match all your supporting documents.)

Title: Mr Ms Miss Mrs

First names:

Surname:

Your registered address:

.....

.....

Postcode:

Your details (This information does not appear on the register.)

Male Female

Date of birth (DD/MM/YEAR):

Nationality:

Your contact details

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

Home phone:

Work phone:

Mobile phone:

Email address:

Your first registration details

Qualification(s)	Awarding body	Date awarded

GDC Registration Number:

Date of first registration (DD/MM/YEAR):

Evidence of identity

1. Passport photo

You must provide a recent passport sized photo that has been certified by your character referee on the back of the photo.

Please refer to the guidance notes in Section 8 for further details.

2. Identification

You must provide a clear photocopy of one of the following certified by your character referee:

- a **valid passport**, or
- a **valid photocard UK driving licence** (a colour copy of the front and back of the photocard is required, on the same page).

The document must show:

- a photograph of you
- your name
- date of birth, and
- the expiry date.

Your character referee will, as part of their declaration in Section 4, have to sign to say they have seen the original document.

If you are unable to provide one of the documents mentioned above, you must provide a passport sized photograph signed on the back by your character referee, as well as a certified copy of your birth certificate, adoption certificate or certificate of naturalisation (from any country).

If your **name has changed** since you obtained your qualification please provide a certified copy of your marriage certificate, divorce certificate or statutory declaration of name change. Please refer to the guidance notes at the end of this form.

Occupation since you have been off the register (This section should be completed by all applicants.)

1. Have you been working as a dental professional abroad during the time you were not registered with the GDC?

Yes No

If **yes**, please enclose an original Certificate of Good Standing or Certificate of Current Professional Status from the relevant authority in the country in which you were last working.

2. Have you been working as a dental professional in the UK during the time you were not registered with the GDC?

Yes No

3. If you answered **yes** to question 2 above, please confirm whether this was during a period where you were a student/trainee dental nurse or student/trainee dental technician in the UK? (Please see the **note*** below.)

Yes No

(**Note*** to be considered as a student/trainee dental nurse or student/trainee dental technician in the UK, you must have been enrolled and have completed a recognised programme that led to GDC registration, or studying on a recognised programme that will lead to GDC registration. You will find a list of [recognised courses](#) on our website.)

*If you **answered 'yes' at question 2 and 'no' at question 3**, please enclose a letter setting out the reasons as to why this happened, as you may have been practising without registration. You are advised to contact a solicitor or defence organisation (indemnifier) before submitting your application.*

I confirm that the above details are correct:

Signature: Date:

Section 2: Character and identity reference (To be completed by your referee.)

The character reference can be provided by another professional such as a doctor, a dentist or a lawyer who has known you for over 12 months. The character reference cannot be completed by a member of your family.

Your character referee must sign the back of the passport photograph to certify that the photograph is a true likeness of you, and sign copies of all supporting documents e.g. your identification documents, to certify they are true copies of the originals.

All amendments in this section must be signed by the referee only.

Full name of applicant:

Full name of referee:

Position held and job title of referee:

GDC or other regulator registration number (e.g. GMC):

Referee address:

Postcode:

Email address:

Contact phone number:

Declaration

I certify that I am not a relative of the applicant, I have known the applicant for at least 12 months and that they are the person they declare themselves to be. Please tick **one** of the following boxes.

- I am satisfied that to the best of my knowledge, the applicant is of good character and is fit for registration, or
- the GDC should be aware of the following details of the applicant's character, which might affect their suitability for registration (please provide details below, and continue on a separate sheet if necessary).

This reference is only valid for three months from the date on which it is signed.

Signed: Date:

Section 3: Health and self-declaration (This section must be completed by all applicants, see guidance notes for assistance.)

All amendments in this section must be signed by the applicant only.

1. Do you have an unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974?

Note: Reference to convictions under the Rehabilitation of Offenders Act 1974 includes those convictions received outside the UK.

Yes No

If **yes**, please give details on a separate sheet, including the approximate date, offence, authority which dealt with the offence and any circumstances that the Council should be aware of in consideration of your application.

2. Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?

*Note: Dentists and dental care professionals (DCPs) are exempt from the Rehabilitation of Offenders Act 1974. You must therefore tell us about any convictions or cautions, including those that are considered 'spent' under this Act, **unless** they are also considered 'protected' as defined under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020. Please [review the guidance on our website for further information](#).*

Yes No

If **yes**, please give details on a separate sheet, including the approximate date, offence, authority which dealt with the offence and any circumstances that the Council should be aware of in consideration of your application.

3. Are you currently the subject of any criminal investigations(s) which might lead to a conviction or a caution in the UK or any other country?

Yes No

If **yes**, please give details on a separate sheet, including the date of the alleged offence, details of the offence being investigated, the authority investigating and any circumstances that the Council should be aware of in consideration of your application.

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

Note: This includes student fitness to practise proceedings.

Yes No

If **yes**, please give details on a separate sheet of the proceedings undertaken or contemplated, including the approximate date of the proceedings, country where proceedings were undertaken, and the name and address of the licensing or regulatory body concerned. You should note that any information you provide may affect your application.

Before answering the next two questions, please read the GDC's:

[health self-certification guidance](#)

5. Are you 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.

6. Do you have any health condition which may affect or has affected the safety of patients you treat and/or those you work with, and/or your ability to do your job safely?

Yes No

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

If the GDC has any concerns about your health, we may need to obtain further information from any medical practitioner who is treating you. If you have answered yes to any of the statements above, please provide the full name and contact details for your occupational health practitioner and/or any other medical practitioner who is treating you.

Full name:

Contact details:

Self-declaration

I understand that the GDC may contact my character referee and any of the health practitioners whose names have been provided. I acknowledge that my professional registration will be at risk if I knowingly make a false statement in this declaration and undertaking, or if I act in any way which is incompatible with it. I further acknowledge and accept that should a question as to whether or not I have acted in accordance with this declaration and undertaking arise; it may be used by the GDC in fitness to practise proceedings against me.

I understand and agree to the declaration above.

I have read and understood the GDC's [Standards for the Dental Team](#) and I will adhere to this guidance.

Signed: Date:

Indemnity declaration

The Dentists Act 1984 includes a legal requirement for registrants to hold appropriate insurance or indemnity cover for practising as such. See the [Guidance Notes](#) for more information.

- I have in place, or will have in place at the point at which I practise in the UK, insurance or indemnity arrangements appropriate to the areas of my practice.**

Making a false declaration to the GDC is a serious issue. If you declare that you have or will have appropriate indemnity in place and this is found to be false, there is a risk that you may be subject to fitness to practise proceedings or removed from the GDC register.

You will find further [guidance on indemnity requirements](#) on our website.

Signed: Date:

Section 4: English language

The Dentists Act 1984 requires the GDC to be satisfied that you have the necessary knowledge of English prior to entry to our registers.

Please refer to our [guidance on knowledge of English language for dental professionals](#), which sets out how and when we will request evidence or information to determine whether you have the necessary knowledge of English, and the process we will follow.

You must provide recent, objective evidence that you can read, write and interact effectively in English with patients, relatives and other healthcare professionals in relation to your role as a dental professional.

- I confirm that I have read and understood the English language requirement.

Please check the box appropriate to the evidence that you are submitting:

- International English Language Testing System (IELTS) certificate.
- A recent primary dental qualification that has been taught and examined in English.
- A recent pass in a language test for registration with a regulatory authority in a country where the first and native language is English.
- Recent experience of practising in a country where the first and native language is English.
- Other (please provide details in the box below):

Section 5: CPD

You will need to provide us with a CPD declaration. Please use only the declaration that applies to you. The options are:

- **Declaration 1:** You have been off the register for less than 12 months, and have not previously been removed from the register for not complying with CPD requirements.
- **Declaration 2:** You have been off the register for more than 12 months, but less than five years, and have not been previously removed from the register for not complying with CPD requirements.
- **Declaration 3:** You have been off the register for more than five years, or you have been removed from the register for not complying with CPD requirements at any time.

Declaration 1: Off the register for less than 12 months and no past non-compliance

You will not need to submit evidence of your CPD, but will need to complete the declaration below, if:

- you have been off the register for less than 12 months, and
- have not previously been removed from the register for not complying with CPD requirements.

I confirm that (check each box, sign and date):

- I have met the requirements of my most recently completed five-year CPD cycle, or I have not yet completed my first CPD cycle.
- I have a [complete CPD record](#) of my most recently completed five-year CPD cycle, or I have not yet completed my first CPD cycle.
- I have read and understood [Enhanced CPD](#) requirements for registration.
- I understand that I could be asked to submit evidence in support of the statements above, and that failure to provide evidence demonstrating compliance with CPD requirements may put my registration at risk.

Signed: Date:

Declaration 2: Off the register for more than 12 months and less than five years and no past non-compliance

You must submit evidence of your CPD if:

- you have been off the register for between 12 months and five years, and
- have not previously been removed from the register for not complying with CPD requirements.

You will need to submit evidence of verifiable CPD completed since the start of your current CPD cycle i.e. you can only provide evidence of verifiable CPD completed after your current CPD cycle commenced. It must also satisfy the minimum requirements for verifiable CPD hours, on a pro rata basis.

Step 1: Work out when your current CPD cycle began

Check your dates:

- check the date you first registered
- your first CPD cycle starts on 1 August, after you first register
- CPD cycles are for five years, so you might need to work out how many you have cycles you have completed, before your most recent one began.

Step 2: Work out how many hours of verifiable CPD you need evidence for

Once you have your current CPD cycle start date, you will need to submit verifiable CPD evidence to meet the requirements of the Enhanced CPD scheme.

The Enhanced CPD scheme requires dental professionals to complete a minimum number of verifiable CPD hours in each cycle. The number of hours you will need to complete depends on your registered title. If you are registered with more than one title, you must do the minimum amount of CPD for the title that requires the higher number of hours.

Calculate how many full CPD years have passed since your CPD cycle started. CPD years for DCPs run from 1 August to 31 July each year. For example, if you started your CPD cycle on 1 August 2020 and are applying to restore on 15 September 2022, you will need to provide evidence for two years (2020/21 and 2021/22) on a pro rata basis.

The required number of verifiable CPD hours by title are:

- dental therapists, dental hygienists, orthodontic therapists and clinical dental technicians need to do 75 hours in each five-year CPD cycle, or 15 hours per year
- dental nurses and dental technicians need to do 50 hours in each five-year CPD cycle, or 10 hours per year.

Step 3: Gather your CPD evidence to submit with your application

To restore to the register, you must submit the following evidence:

- Verifiable CPD certificates covering the number of hours you need to have completed, dated after the start of your current CPD cycle.
- CPD activity log covering your current CPD cycle.
- Your Personal Development Plan (PDP).

You can find out more about how to ensure your CPD is verifiable, and downloadable templates for a CPD activity log and a PDP on the [recording and submitting CPD](#) section of our website.

Please make the declaration below.

I confirm that (check each box, sign and date):

- I have met the requirements of my most recent CPD cycle.
- I have read and understood [Enhanced CPD](#) requirements for registration.

Signed: Date:

Declaration 3: Off the register for more than five years, or removed for non-compliance

You must submit evidence of your CPD if:

- you have been off the register more than five years, or
- previously removed from the register for not complying with CPD requirements.

Step 1: Work out what CPD evidence you need to submit

If you have been off the register for more than five years, and not removed for non-compliance of CPD, you will need to submit five years of CPD evidence. The evidence you provide must be dated within five years of the date of your restoration application.

If you have been removed for non-compliance of CPD and have been on the register for five years or more, you will need to submit five years of CPD evidence. The evidence you provide must be dated within five years of the date of your restoration application.

If you have been removed for non-compliance of CPD and have been on the register for less than five years, you will need to provide CPD evidence from the start of your current CPD cycle.

Step 2: If you need to submit CPD evidence from the start of your current CPD cycle, work out how many hours of verifiable CPD you need

For example:

- joined the register on 1 February 2018
- first CPD cycle began on 1 August 2019
- removed from the register for CPD non-compliance 15 September 2021
- must submit evidence of all verifiable CPD completed since 1 August 2019.

Calculate how many full CPD years have passed since your CPD cycle started. CPD years for DCPs run from 1 August to 31 July each year. For example, if you started your CPD cycle on 1 August 2020 and are applying to restore on 20 October 2022, you will need to provide evidence for two years (2020/21 and 2021/22) on a pro rata basis.

The required number of verifiable CPD hours by title are:

- dental therapists, dental hygienists, orthodontic therapists and clinical dental technicians need to do 75 hours in each five-year CPD cycle, or 15 hours per year
- dental nurses and dental technicians need to do 50 hours in each five-year CPD cycle, or 10 hours per year.

Step 3: Gather your CPD evidence to submit with your application

To restore to the register, you must submit the following evidence:

- Verifiable CPD certificates covering the number of hours you need to have completed, and all must be dated after the start of current CPD cycle.
- CPD activity log covering your current CPD cycle.
- Your Personal Development Plan (PDP).

You can find out more about how to ensure your CPD is verifiable, and downloadable templates for a CPD activity log and a PDP on the [recording and submitting CPD](#) section of our website.

Please make the declaration below.

I confirm that (check each box, sign and date):

- I have met the requirements of my most recent CPD cycle.
- I have read and understood [Enhanced CPD](#) requirements for registration.

Signed: _____ Date: _____

Section 6: Payment for this application only

Please check our website or call the Customer Advice and Information Team on +44 (0)20 7167 6000 for [current restoration fees](#). If you are applying in June or July, in addition to the restoration fee you, will be required to pay your Annual Retention Fee (ARF) for the following year.

Credit or debit card

We can accept payment by MasterCard, Visa, Solo and Electron. Card payments can only be made online through [eGDC](#).

We will email you when you can make the payment. This is usually when your application has been processed.

To pay with a credit or debit card, you must have internet access and an email account. Please make sure that you check your email regularly and contact us if your email address or phone number changes.

Please make payment within five days of receiving your payment request form, or your application may be delayed or returned to you. 2

Please check the box for the return of your original documents - a fee of £10 applies.

Your email address:

You contact phone number:

Payment covers the registration period until 31 July.

Section 7: Payment for future ARF

If you would like to pay your Annual Retention Fee (ARF) by Direct Debit in future, please complete this form. We would like to encourage you to set up a Direct Debit for ARF payments to help ensure your payment is made on time.

Please complete this form and return to:

General Dental Council
Registration Team
1 Colmore Square
Birmingham
B4 6AJ

Registrant's full name:

Account holder name(s):

Bank or building society account number:

Bank or building society sort code:

Name and address of your UK bank or building society:

.....

Postcode:

Instruction to your bank or building society to pay by Direct Debit **Service user number: 758578**

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 and/or building society.

Signature(s) of account holder(s)

Signature: Date:

Signature: Date:

Banks and building societies may not accept Direct Debit instructions for some types of accounts.

For official use only, GDC registration number:

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 that 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 the General Dental Council.

Section 8: Guidance notes

Advice for applicants and those signing the character and health sections

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

- a signed character reference
- a declaration about health and character filled in by the applicant.

Data Protection

Under the General Data Protection Regulation and Data Protection law, we process personal data, like the information in your application, because the processing is necessary for the exercise of our statutory functions, and the processing is in the substantial public interest.

Our [Privacy Notice](#) provides further details about how we will:

- use and share the information you give us
- the various rights you have in connection with any personal data held about you, and
- for how long we will keep your information.

Publication of your personal details

By law we are required to keep a register of the names of everyone who is registered with us. The registers are public documents and are published on our website. The dentist and DCP registers contain the names and other information about a registrant that we are legally obliged to make public.

Registered addresses are not public information. Please note that we may choose to publish your full registered address in the future. Therefore, we recommend that your registered address is either a business or a practice address. Using your business or practice address will assist, if necessary, with the local resolution of complaints.

It is important to note that any formal notices issued by us will be sent to your registered address. Therefore, you must have access to correspondence at this address.

Identity document

We will only accept certified copies of a current passport or UK driver's licence. It should be supplied as a colour photocopy on A4 sized page, not enlarged, and with the machine-readable zone (MRZ) clearly displayed.

The copy must be certified by your character reference.

Passport photo

You must supply us with a recent passport sized photo that has been certified by your character referee on the back of the photo.

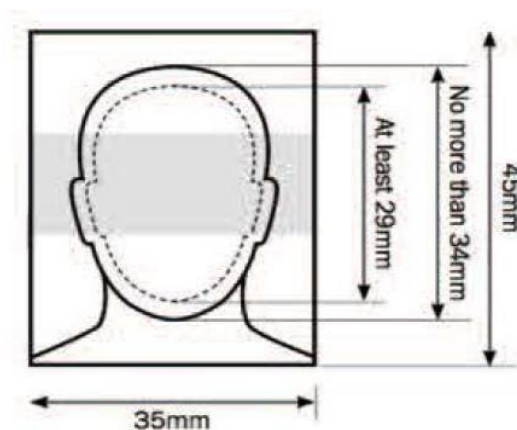
The requirement for individuals applying for registration or restoration is to submit a passport photo is aligned with the [UK Government requirements](#).

You must make sure that your passport photo meets these requirements or there may be delays to your application. Your photo must be professionally printed and 45mm high by 35mm wide - the standard size used in photo booths in the UK.

Your photo must be:

- in colour on plain white photographic paper
- taken against a plain cream or light grey background
- taken within the last month
- clear and in focus
- without any tears or creases
- unaltered by computer software.

The image of you - from the crown of your head to your chin - must be between 29mm and 34mm high (see example below).



Reference: Licensed under the Open Government Licence v3.0.

Change of address

Please tell us if you change your address. If you do not, it could mean that you do not receive important communications and notices, including those relating to the ARF. To tell us of a change of address please log into [eGDC](#), or [download the change of address form](#).

Change of name

The name recorded in this form must be the same name you use in your work and must match the proof of identity you provide. If your name has changed since you were last on the register, please send us evidence of this, such as a certified copy of your marriage certificate, divorce certificate, or statutory declaration of name change. These documents must be signed by your character referee.

Keeping your name on the register

To keep your name on the register you must pay your ARF each year. We will contact you when your fee is due. You must pay this fee, whether or not you have received the reminder. You must also undertake CPD in five yearly cycles as a condition of continued registration.

Your character reference

Your character reference can be provided by another professional such as a doctor, a dentist or a lawyer who has known you for over 12 months. Your character reference cannot be provided by a member of your family.

We will only use the information provided by the referee to assess your fitness for registration. The person providing the character reference should include any information about your character, which might raise a question about your suitability for registration. The Registrar will decide whether or not the information is relevant and if any further inquiries need to be made.

The same character referee must sign the back of the passport photograph to certify that the photograph is a true likeness of your, and sign copies of supporting documents e.g. change of name evidence, to certify they are true copies of the originals.

Health and self-declaration

You must complete and sign this section of the form.

DCPs are exempt from the UK Rehabilitation of Offenders Act 1974, so you must tell us about any previous or pending prosecutions or convictions, including those considered 'spent' under the Act (other than a protected conviction or caution). Protected convictions and cautions are defined in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.

We also need to know if you have been the subject of any professional proceedings in the past, or if any are being contemplated, by a regulatory body in the UK or any other country. You will also need to advise us of any future criminal proceedings and/or police investigations, convictions or cautions.

Health self-certification

Please read the [Health self-certification guidance](#) before completing the questions relating to your health within the self-declaration section. You must inform us if you have any condition present which might impair your fitness to practise. Having such a condition will not necessarily mean we will refuse registration. If the Registrar is satisfied that you are correctly managing any relevant health condition, by taking steps which will avoid any risk to patients, and will ensure you have the ability to perform your job safely, you will not be refused registration on health grounds.

The Registrar may refuse to register someone with a serious impairment (for example, substance abuse or serious mental illness) who cannot be trusted to self-regulate, although they can reapply if their condition improves.

You 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.

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 not satisfied about your fitness to practise and/or good character. If you make a false statement, we may refuse your application for registration, prosecute you, and/or charge you with professional misconduct.

Evidence of English language

By law we need to be satisfied that all applicants have the necessary knowledge of the English language before entry to our registers.

If we are satisfied about your knowledge of English from your initial application for registration, we will not request further evidence or information.

If we are **not** satisfied that you have produced sufficient evidence to demonstrate you have the necessary knowledge of English, we will request further evidence or information. Please refer to [Evidence of English language competence: guidance for applicants](#), for details of the types of evidence we are likely to accept.

If this additional evidence does not satisfy us, we will direct you to undertake a test before we register you. The test will be the International English Language Testing System (IELTS) exam. You must achieve the pass scores relevant to your profession (see the guidance).

Indemnity

It is a legal requirement for all registrants to hold appropriate insurance or indemnity cover before practising dentistry. It is a condition of registration for all dental professionals to have insurance or indemnity cover.

The only types of cover we recognise are:

- Dental defence organisation membership (indemnifiers) – either your own membership or cover provided by your employer’s membership
- Professional indemnity insurance held by you or your employer.
- NHS/Crown indemnity.

Your insurance or indemnity cover must be appropriate to the areas of your practice. All registrants must know the details of their indemnity cover when they start practising in the UK.

Making a false declaration to the GDC is a serious issue. If you declare that you have or will have appropriate indemnity in place and this is found to be false, there is a risk that you may be subject to fitness to practise proceedings, or be removed from the GDC register.

Further information on [insurance or indemnity cover](#) is on our website.

Indemnity arrangements not required as appropriate to the areas of my practice.

If your role does not involve any clinical work whatsoever, and there is absolutely no risk that a patient could need to claim compensation from you (e.g. if you’re not practising, are employed as a lecturer, or work with statistics) then you do not need to have insurance or indemnity cover.

Please note, if your circumstances change and you want to practise dentistry again, you must have the appropriate insurance or indemnity cover in place before you start practice.

This does not apply to dental technicians who are working in laboratory, and who are signing off work. Dental technicians in such roles currently do, and will continue to, require indemnity for the work that they are doing.

Further information on [insurance or indemnity cover](#) is on our website.

CPD

Dental professionals have a duty to keep their skills and knowledge up to date. Anyone intending to restore to the GDC's registers must satisfy the GDC that CPD has been completed while off the register. Section 5 of this form outlines the requirements you will need to meet when applying to restore.

CPD for dentists and DCPs is defined in law as activity which contributes to their professional development and is relevant to their practice or intended practice.

Refer to the [CPD for dental professionals](#) section of our website for more information.

Documents required

If you have been working as a DCP in the UK during the time you were not registered with the GDC, please enclose a letter setting out the reason why this happened. If this has occurred, you are advised to contact your solicitor or indemnifier before submitting your application on the basis that this may give rise to fitness to practise or criminal proceedings.

If you have been working abroad during the time in which you were not registered with the GDC you must provide a Certificate of Good Standing from the dental authority of the country in which you were last working as a DCP. It must state that you are entitled to practise and that you have not been suspended, disqualified, or prohibited from working as a DCP.

The original of this document is required and cannot be more than three months old at the time of your application. If your documents are not in English, they must be accompanied by certified translations made by a qualified translator. We will not refund any fees for translation.

Email

Please ensure that the email address provided is specific to you and is not a shared practice or group address.

Original documents

We advise all applicants to send certified photocopies with their application. Please do not send original documents with your application.

If you do send original documents, and need them to be returned to you, we will ask you to cover some of the costs by charging you a £10 fee.

Restoration fees

You can find current restoration fees on our website, or please call the Customer Advice and Information Team +44 (0)20 7167 6000 for current restoration fees.

If you are applying in June or July, in addition to the restoration fee you will be required to pay your annual retention fee for the following year.

General

Please return your completed form, your documents and fees to:

General Dental Council
1 Colmore Square
Birmingham
B4 6AJ

When you have been registered you will receive a certificate of restoration.

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

Managing GDC registration online

If you're a registered dental professional, you can use your [eGDC](#) account to update contact details and manage other registration responsibilities.

You can set up your account through [eGDC](#).

Signatures

You can complete this form electronically or by hand. If completing by hand, please use BLOCK CAPITALS. When completed, you will need to print and sign in all relevant sections to submit. We cannot accept electronic signatures; **all signatures must be in ink** (i.e. a wet signature).

Equality monitoring form

The GDC is committed to championing equality, diversity and inclusion inside our organisation, with the sector we regulate, and the public. Completing the questions below will help to ensure that the way we work is fair and does not discriminate against individuals or groups.

Giving us this information is voluntary. We use the data we collect to assess the impact of our activities on diversity, equality or inclusion. If you do not wish to complete any or all the questions below, please select 'Prefer not to say'.

Your information will be kept safe and only used in a way that meets the requirements of the [UK General Data Protection Regulation](#) and [Data Protection Act 2018](#). Under these laws, you have various rights in connection with the personal data we hold. These include the right to:

- request a copy of your personal data
- object to it being processed
- request its deletion.

More information about your rights along with how we will use your data, how long we retain your data, our Data Protection Officer, and our complaints process can be found in our [Privacy Notice](#).

What is your sex?

- Female
- Male
- Prefer not to say

Is the gender you identify with the same as your sex registered at birth?

- Yes
- No, please specify:
- Prefer not to say

Do you consider yourself to have a disability?

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

- Yes
- No
- Prefer not to say

Continues over the page...

What is your legal marital or registered civil partnership status?

- Never married and never registered in a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a registered civil partnership
- Prefer not to say

Who is (was) your legal marriage or registered civil partnership to?

If you answered, 'Never married and never in a registered civil partnership' or 'Prefer not to say', please skip this question and go straight to the next one.

- Someone of the opposite sex
- Someone of the same sex
- Prefer not to say

What is your religion?

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please specify:
- Prefer not to say

Which of the following best describes your sexual orientation?

- Straight/heterosexual
- Gay/lesbian
- Bisexual
- Other sexual orientation, please specify:
- Prefer not to say

The final question is over the page...

What is your ethnic group?

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background, please specify:

Mixed, or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed or multiple background, please specify:

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please specify:

Black, Black British, Caribbean or African

- Caribbean
- African background, please specify:
- Any other Black, Black British, African or Caribbean background, please specify:

Other ethnic groups

- Arab
- Any other ethnic group, please specify:
- Prefer not to say

Thank you.