

# **Application to be restored to the register**

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## **(Dental care professional)**

This application form and accompanying documents should be posted to:

UK Applications and Shared Services Team  
General Dental Council  
37 Wimpole Street  
London  
W1G 8DQ

## CHECKLIST

PLEASE FOLLOW THE CHECKLIST BELOW AND ENSURE YOU HAVE COMPLETED ALL RELEVANT SECTIONS OF THE FORM AND COPIED AND INCLUDED ALL THE APPROPRIATE DOCUMENTS.

- Section 1: Registration details** **page 3**  
Have you provided your name and contact details?
  
- Section 2: Character reference** **page 5**  
**Please remember, your referee must not be a family member and cannot be the same person who signs your health certificate.**
  
- Section 3: Health certificate** **page 6**  
Have you completed the health certificate? This can be completed by a medical practitioner (e.g. doctor or occupational health service), but not the same person completing your character reference.
  
- Section 4: Health and self-declaration** **page 8**  
Have you signed and dated the application?
  
- Section 5: Continuing Professional Development (CPD)** **page 9**  
Do you need to provide evidence of your CPD hours?
  
- Section 6: Payment for this application only** **page 10**  
Have you enclosed a cheque or provided payment details?
  
- Section 7: Payment for future annual retention fees (ARF)** **page 11**  
Have you decided to pay the ARF by Direct Debit in future?  
If so, have you provided the relevant information?
  
- Guidance notes** **page 15**

An Equality Monitoring Form is enclosed. The information you provide will help us ensure our policies and procedures do not discriminate. You do not have to complete this form.

### Supporting documents

PLEASE PUT A TICK BELOW AGAINST THE DOCUMENTS THAT YOU ARE SUPPLYING WITH YOUR APPLICATION.

- Evidence of name change (if applicable)     Payment (if appropriate - see page 10)
- Translation of documents (if applicable)     Additional documents (please specify).....

**Please refer to our website for current processing times.**



**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.

Work telephone number

Home telephone number

Mobile telephone number

Email address

Qualification(s)	Awarded by	Awarded on
<input type="text"/>	<input type="text"/>	<input type="text"/>

**GDC Registration Number:**

**Date of first registration:**

**Occupation since you have been off the register**

This section should be completed by all applicants

1. Have you been working as a dental care 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.

Please state your occupation during the time you were not registered in the box below.

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

Yes  No

If yes, please enclose a letter setting out the reason why this happened.

If this has occurred you are advised to contact your solicitor or defence organisation before submitting your application.

**I confirm that the above details are correct:**

**Signature**

**Date**





**Qualification(s)**

**Awarded by**

**Awarded on**

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**GMC registration number:** (if applicable)

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**Signature**

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**Date**

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

## **Section 4: Health and self-declaration** (see guidance notes)

1. Are you 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. Are you 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: Dental care professionals 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

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 referred to the appropriate authority who may prosecute
- I may be charged with professional misconduct

**The information I have given here is true**

**Signature**

**Date**

D	D	M	M	Y	Y	Y	Y
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## Section 5: Continuing Professional Development (CPD)

1. If you have been off the register for less than one year and your 5-year CPD cycle has not ended during this time, you will not need to provide evidence.
2. If you have been off the register for less than one year and your 5-year CPD cycle ended during this time:
  - You will need to provide documentary evidence of 150 hours of CPD (50 of which must be verifiable). These hours must have been undertaken during the 5 year period immediately preceding your application.
3. If you have been off the register for more than one year and your 5-year CPD cycle has not ended during this time:
  - You will need to provide documentary evidence of 30 hours of CPD for each year of the cycle that has elapsed since the beginning of the CPD cycle in which you were removed. At least 10 hours in each year shall be verifiable CPD.
4. If you have been off the register for more than one year and your 5-year CPD cycle has ended:
  - You will need to provide documentary evidence of 150 hours of CPD (50 of which must be verifiable). These hours must have been undertaken during the 5 year period immediately preceding your application.



## Section 7: Payment for future ARFs

Payment of your restoration fee (including this year's annual retention fee) can only be made by cheque / postal order or debit / credit card as detailed on page 10. However, if you wish to pay future ARFs by Direct Debit, please complete this form.

### Please complete this form in pen in **BLOCK CAPITALS** and return to:

Registration Shared Services Team  
General Dental Council  
37 Wimpole Street  
London, W1G 8DQ

#### Registrant's full name

#### Account holder name

#### Bank or building society account number

#### Bank or Building Society sort code

#### Name and address of your UK bank or building society




### Instructions to your bank or building society to pay by Direct Debit

**Service user number:  
758578**

Your GDC registration number:

Please pay the General Dental Council Direct Debits from the account detailed in 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.

#### For official use only

#### Signature(s) of account holder(s):



**Date:**

### Banks and building societies may not accept Direct Debit instructions for some types of account

#### The Direct Debit Guarantee *(cut off and keep)*

• 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.

**PLEASE LEAVE BLANK**

**Equality Monitoring Form (Completion is voluntary)**

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

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

**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     Hindu     Jewish     Muslim     None  
 Prefer not to say     Other religion / faith (please specify)

**Sexual orientation**

- Bisexual     Gay man     Gay woman     Heterosexual     Prefer not to say

**Thank you for your cooperation**

**PLEASE LEAVE BLANK**

## Guidance notes for completing this form

(Advice for applicants and those signing the character and health sections)

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 dental care professionals registered with us. These registers 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 website: [www.gdc-uk.org](http://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 retention fee, going astray.

To tell us of a change of address write to the Registration Team, General Dental Council, 37 Wimpole Street, London, W1G 8DQ 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 retention fee each year. We will notify you when your fee is due. You must pay this fee by law whether or not you have received the reminder.

You must also undertake Continuing Professional Development in 5 yearly cycles as a condition of continued registration.

### The character reference

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 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

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

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 dental care professionals 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 not 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**

If you have been working as a dental care professional 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 defence organisation before submitting your application. 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 dentist which states that you are legally entitled to practise dentistry and that you have not been suspended, disqualified or prohibited from working as a dentist. The original of this document is required and cannot be more than 3 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. If your name has changed since you were last on the register please send us evidence of this, such as a copy of your marriage certificate.

### **Restoration fees**

Please check our website or call the Registration Team on +44 (0)845 222 4141 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:

UK Applications and Shared Services Team  
General Dental Council  
37 Wimpole Street  
London W1G 8D

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 5 of the form for payment by credit/debit card. 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.

If the Registrar is in any doubt about an application for reasons other than failure to comply with the CPD requirements, he/she reserves the right to require an applicant to apply for restoration in person at the Council's offices.

### **Managing GDC registration online**

If you're a registered dental professional, you can use our eGDC website to update contact details and manage other registration responsibilities. You will need to login to get started.