



protecting patients,
regulating the dental team

Application to be restored to the Register(s)

DENTAL CARE PROFESSIONAL

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

**The Registration Team (Restoration)
General Dental Council
2nd Floor
37 Wimpole Street
London
W1G 8DQ**

Your Contact details:

Work telephone number:

Home telephone number:

Mobile telephone number:

Email address:

Qualification(s)

Awarded by

Awarded on

Qualification(s)	Awarded by	Awarded on

GDC Registration Number

Date of First Registration

Occupation since you have been off the Register (see guidance notes)

If you have been working as a dentist or DCP abroad during the time you were not registered with the GDC, 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.

If you have been working as a dentist or Dental Care Professional (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 defence organisation before submitting your application.

I confirm that the above details are correct:

Signature

Date

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Section 2: Health and Character

Character Reference *(See guidance notes)*

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

I

Full name(s) *(Please complete in BLOCK letters)*

Of

Address

Postcode:

Either **(a)** I am satisfied that, to the best of my knowledge that
(Full name of applicant below)

is of good character and fit for registration *(Please tick)*

Or **(b)** the GDC should be aware of the following details of
(Full name of applicant below)

character which might affect his/her suitability for registration.

Position held

Signature

Date

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

Health Certificate (See guidance notes)

This certificate should be completed by all applicants **except those dental care professionals who do not work with patients.**

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

Full name(s) (Please complete in BLOCK letters)

Of

Address

Postcode:

Certify that I have examined (Full name in BLOCK letters)

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

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

(Please tick)

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

(Please tick)

Or (c) the applicant has a significant impairment which will directly affect their fitness to practise

(Please tick)

GMC Registration Number (If applicable)

Medical Qualification/s	Awarded by	Awarded on

Registration Number:

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Signature	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)*

Health

*This Health section should be completed by all applicants **except those dental care professionals who do not work with patients.***

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.

Self Declaration

*This self declaration section should be completed **by all applicants***

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, Dental Hygienists and Dental Therapists 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 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

Signature

Date

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Payment for your Restoration fee (including this year's Annual Retention Fee) can only be made by cheque / postal order or debit / credit card as detailed above. However, if you wish to pay your future annual retention fees by Direct Debit, then please complete this form.

Bank/Building Society to Pay by Direct Debit.

Please complete form in BLOCK CAPITALS using a ball point pen

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

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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

7	5	8	5	7	8
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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 of signatures

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

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)

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

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 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 Health certificate should be completed for all applicants **except those dental care professionals who do not work with patients**. 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, Dental Hygienists and Dental Therapists 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

If you have been working as a dentist 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 as a dentist or a DCP 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 or a DCP 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 or a DCP. The original of this document is required and cannot be for 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 copy of your marriage certificate.

Restoration to the Register and Continuing Professional Development (CPD)

You may by law have to send us evidence with this application that you have completed a certain amount of CPD activity.

When you asked for this application form, you will have been sent either:

(a) a letter explaining how many CPD hours you must have completed to be restored to the Register

or

(b) a letter confirming that you do not have to send us evidence of any CPD to restore to the Register

If you have received letter **(a)**, you must enclose evidence that you have completed the amount of CPD required with your application. The Registrar may refuse your application for restoration if he/she is not satisfied that you have done the CPD required. If you did not get a letter, or you do not understand what you need to do, you should ring us on +44 (0)845 222 4141 before you submit this application to us.

If the Registrar refuses your application because he/she is not satisfied that you have completed the amount of CPD required, you will have a right to appeal to the Council's Continuing Professional Development Committee.

Publication of your Personal Details

We are obliged to keep Registers of dentists registered with us. This 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 internet website 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 the Registration Team, General Dental Council, 2nd floor, 37 Wimpole Street, London, W1G 8DQ or email GDCRegistration@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.

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

Restoration Fees

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

General

Please return your completed form, your documents and fees to The Registration Team General Dental Council, 2nd Floor, 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 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.

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.