

# **Registering as a dental care professional with the General Dental Council**

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## **Application form**

### **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 supporting documents should be posted to:**

UK Registration  
General Dental Council  
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 copied and included all the appropriate documents.

### Section 1: Type of application

- Have you told us which dental care professional (DCP) title(s) you are applying for?

### Section 2: Registration details

- Have you provided your name and address and proof of identity certified by your character referee?

### Section 3: Qualifications

- Have you provided all the components of your qualifications certified by your character referee?

### Section 4: Character and identity reference

- Your referee is not a family member.

### Section 5: Self-declaration

- Have you signed and checked all the relevant boxes and dated the application?

### Section 6: Payment for this application only

- Have you provided payment details?

### Section 7: Payment for future Annual Retention Fees (ARFs)

- If you want to pay the ARF by Direct Debit in future, have you provided the relevant information?

### Section 8: Guidance notes

- Have you completed the equality monitoring form enclosed? The information you provide helps us ensure our policies and procedures do not discriminate.

Supporting document checklist is on the next page.

## Supporting documents

Please put check the box against the documents that you are supplying with your application.

Your character referee must certify your documents by countersigning and dating them.

Please do not send originals, other than a passport photograph or translation of documents.

- Proof of identity (always required)
- Original passport photo (always required)
- Proof of name change (if applicable)
- Translation of documents (**original**, if applicable)
- Evidence of qualification (always required)

Additional documents (please list these documents below):

## Section 1: Registration details

You can use this application form to apply for first registration or to register additional dental care professional (DCP) titles. Please remember to enclose evidence of the qualification (certified photocopies) for each of the titles you register.

If you have previously been registered with the GDC as a DCP and wish to rejoin the register, you will need to apply for restoration. A [restoration form can be downloaded from our website](#) or you can contact us for an application pack.

### I am applying for:

First registration

Addition of DCP title

### Please tick the appropriate box or boxes and sign and date below:

Clinical dental technician

Dental hygienist

Dental nurse

Dental technician

Dental therapist

Orthodontic therapist

### Signature

Your name: .....

Signature: ..... Date: .....

## Section 2: Your 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.

***The details you provide below must exactly match all your supporting documents.***

### Title

Mr     Mrs     Ms     Miss

### Name

***If your name has changed since you obtained your qualification, please provide evidence of your name change, such as a certified copy of your marriage certificate, divorce certificate or statutory declaration of name change. Please [refer to the Guidance notes](#) for further information.***

First names: .....

Surname: .....

### Registered address

Your registered address: .....

Postcode: .....

### Your details

***This information does not appear on the register.***

Male     Female

Date of birth (DD/MM/YEAR): .....

Nationality: .....

**Contact details**

Please provide a telephone number and email address in case we need to contact you.

***This information does not appear on the register.***

Home phone: .....

Work phone: .....

Mobile phone: .....

Email address: .....

**Declaration**

**The above details are correct and my name has not been entered into the register before unless I am applying for an additional DCP title.**

Signature: ..... Date: .....

## Documents to support your application

Please provide certified photocopies of the documents listed below.

Your referee will need to see the original certificate before they certify a photocopy.

### Evidence of identity

You must supply us with 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](#) for more information.

You **must also provide** a clear photocopy, which has been certified by your character referee, of one of the following:

- a **valid passport**, or
- a **valid photocard driving licence** (we need a colour copy of both front and back of the photocard document on the same page), or
- a **valid identity (ID) card issued by the Armed Forces** (we need a copy both the front and back of the document on the same page), or
- a **valid EEA ID card** (we need a copy both the front and back of the document 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 (any country).

### Evidence of name change

If your name is not the same on all documents you provide you must provide a certified copy of your marriage certificate, divorce certificate or statutory declaration confirming your name change.

Please [refer to the Guidance notes](#) for more information.

## Occupation since you have been off the register

***If you are applying to add a title, you do not need to complete questions 1-3 below.***

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 3: Qualifications

You must hold a qualification recognised by the GDC to be able to apply for registration. Please refer to our website to see which qualifications are approved for registration by the GDC.

**Write the name of your qualification(s) below and enclose a photocopy of your qualification(s) certified by your character referee with your completed form.**

If you are applying for an additional title, please provide your current GDC registrant number:

I confirm that I am applying on the basis that I have the following qualification(s):

Dental qualification	Awarding body	Date awarded

## Section 4: Character and identity reference

***This section is to be completed by your referee.***

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

***Your referee cannot be a family member.***

We will use the information provided in this section to assess the applicant's fitness for registration and to confirm the identity of the applicant.

As well as completing this section, your character referee must also sign all supporting documents and the back of your passport photograph. By doing so, they are certifying that the documents are true copies of the originals and the photograph is a true likeness of the applicant.

**Check this box if you were responsible for the applicant's dental training.**

Applicant's full name: .....

Your full name: .....

Your job title: .....

Your GDC registration number or registration number for another healthcare professional regulator, e.g. General Medical Council (if applicable):

.....  
Address: .....

.....  
Postcode: .....

Email: .....

Contact phone number: .....

*Referees should review the declaration on the following page, sign and date to complete.*

**Declaration by referee**

- 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.
- I confirm that I have seen the original documents included with this application, and have signed each copy to certify they are true copies of the originals and the photograph is a true likeness of the applicant.
- I am satisfied that, to the best of my knowledge, the applicant is of good character and fit for registration (if you **are not** able to make this declaration, please provide details below).

The GDC should be aware of the following details of the applicant's character which might affect their suitability for registration (use a separate sheet if needed):

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

Signed: ..... Date: .....

## Section 5: Self-declaration

***This Section must be completed by all applicants.***

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

Please [refer to the Guidance notes](#) for further details.

**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 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 [Health self-certification guidance](#).**

1. **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.

2. **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.

Health practitioner's name: .....

Contact email or phone number: .....

Declaration and signature on the next page.

## Declaration by all applicants

The Dentists Act 1984 includes a legal requirement for registrants to hold insurance or indemnity cover for practicing as such.

- I have in place, or will have in place at the point at which I practise dentistry 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 register.***

- I understand that the GDC may contact my character referee and any 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 will advise the GDC of any future criminal proceedings/police investigations, convictions or cautions and any future health conditions which arise which affect the safety of patients I treat and/or those they work with, and/or my ability to do my job safely.
- I have read and understand the [Standards for the Dental Team](#) and the [Health self-certification guidance](#), and I will adhere to this guidance.

Signed: ..... Date: .....

## Section 6: Payment for this application only

We accept payment by MasterCard, Visa, Solo and Electron (we do not accept American Express). Card payments can only be made online through your [eGDC account](#).

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

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

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

Email address: .....

Contact telephone 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

### 1. Registration details

#### 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 in the substantial public interest.

Information about how we will use and share the information you give us, the various rights you have in connection with any personal data about you held by us, and how long we will keep your information for can be found in the [Privacy Notice](#).

#### Publication of your personal details

We are required by law to keep a register of the names of everyone who is registered with us. The [register is a public document and is published on our website](#). The register contains the names and other information about a dental professional 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 dental practice address. Using your business or practice address will assist, if necessary, with the local resolution of complaints.

Please 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

The identity document you submit must be a colour photocopy certified by your character referee. The copy should be A4 size.

The image of your identity document should be clear with the character referee's certification not overlapping any part of the identity document.

If you are submitting a certified photocopy of your passport, it is important that the machine readable zone (MRZ) is clear.

If you are submitting a certified photocopy of your UK driver's licence, it is important that both the front and back of the document appear on the same page and are not enlarged. We are unable to accept any certified photocopies of a UK driver's licence which does not meet these criteria.

Only one type of identity document should be provided on a single page. If you are submitting two identity documents, these should be on two separate pages.

## 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.

Anyone applying for registration or restoration needs to submit a passport photo that [complies with the UK passport photo specifications](#). If your photo does not meet these requirements, your application may be delayed.

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.

Your photo must be professionally printed and 45mm high by 35mm wide. This is the standard size used in photo booths in the UK. The image of you from the crown of your head to your chin must be between 29mm and 34mm (see image below).

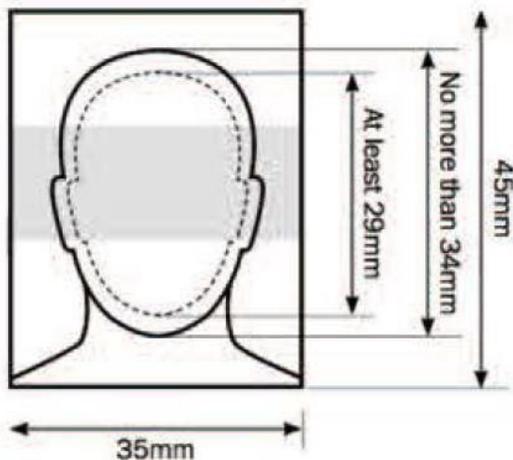


Image licensed under the Open Government Licence v3.0.

## Evidence of name change

If your name is not the same on all of the supporting documents you plan to submit, you will need to provide a certified copy of your:

- marriage certificate
- divorce certificate
- statutory declaration confirming your name change (must be signed by your character referee).

## **Guidelines for certifying photocopies of originals**

The person certifying the copies of your documents must be the same person as your character referee. Your referee will need to see your original documents before they certify a photocopy.

Photocopies must be copies of the original document. Copies of a photocopy or a fax are not acceptable.

A certified photocopy can be accepted when:

- the person certifying has confirmed in writing, in English, that they have inspected the original document and that the copy is a true copy; and
- Where the person certifying is the head of the applicant's dental training school or their nominee or the person responsible for supervision of the applicant's training, or a dentist, doctor, person entitled to practise law, minister of religion or a civil servant ; and
- Where the copy bears the name, address and signature of the person certifying it; and Where the person certifying the document is not the applicant themselves, or a member of their family.

## **Guidelines for translation of documents**

- Any document not in English must be accompanied by a certified translation. This includes translation of any stamps or statements written by the person certifying a photocopy of your document.
- A certified translation is an exact translation from the original language into English made by a qualified translator.
- The translation must include the translator's signature, name and address.

You will have to pay for the translation. We will not refund any expenses associated with translation.

## **2. Qualification**

You will find a [list of qualifications that are approved for the purposes registration](#) on our website (look for the qualifications associated with the DCP title(s) you are applying for).

Please ensure you enclose a photocopy of your qualification(s), which has been certified by your character referee with your completed form.

## **3. Character and identity reference**

All applicants must provide a completed character and identity reference.

The referee must not be a member of your family.

The person providing you with a character reference must also certify the photocopies of the documents that you are submitting with your application i.e. it needs to be the same person. We will use the information provided to assess your fitness for registration and to confirm your identity.

A referee can sign the character and identity reference if they are:

- the head of the applicant's dental training school or their nominee
- the person responsible for supervision of the applicant's training
- another person of professional standing (in any country) such as a:
  - dentist
  - doctor
  - pharmacist
  - minister of religion
  - person entitled to practise law
  - chiropodist
  - civil servant
  - officer of the armed forces
  - optician
  - police officer
  - Member of Parliament (MP)
  - teacher.

Your referee 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 whether any further enquiries need to be made.

The same character referee must also sign the back of the passport photograph. By doing so, they are certifying that the photograph is a true likeness of you.

#### **4. Self-declaration**

All applicants must complete, sign and date this section of the application form.

Dental care professionals are exempt from the Rehabilitation of Offenders Act 1974. When completing Section 5 of the application form, you must tell us about all prosecutions or convictions, including those considered 'spent' under this Act (other than protected convictions and cautions).

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 there are any proceedings being contemplated by a regulatory or licensing body in the UK or any other country. You will also need to advise us of any future criminal proceedings/police investigations, convictions or cautions.

We will treat any information you provide in confidence. We will only use it to assess your fitness for registration now and in the future. If you make a false statement, we may refuse your application for registration and / or prosecute you and / or charge you with misconduct.

## 5. Health self-certification

Please ensure you have read our [Health self-certification guidance](#) before completing the questions relating to your health within the self-declaration section of this form.

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 (e.g. substance abuse or serious mental illness) and who cannot be trusted to self-regulate, although someone in this position can reapply if or when 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.

### Indemnity

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

We understand that those not currently registered, may not have insurance or indemnity cover in place. The declaration on our application form is that you will have indemnity cover in place by the time you start to practise in the UK.

The only types of indemnity or insurance cover recognised are:

- dental defence organisation (indemnifier) membership, or 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.

If you are relying on arrangements made by your employer, you must check the indemnity position with them. All dental professionals must know the details of their indemnity cover when they start practising, and be able to provide these to the GDC if asked to do so. We may request further information about your insurance or indemnity cover during the application process.

Making a false declaration to the GDC is a serious issue. If you declare that you have, or will have appropriate indemnity in place, before you practise dentistry and this is found to be false, you risk are at risk of fitness to practise proceedings or removal from the register.

You can find out [more about indemnity](#) on our website.

## 6. Fees

You will need to pay the following when you first register with us:

- [registration application fee](#)
- [registration fee](#) (covers registration up to the next registration renewal period, and is calculated on a *pro rata* basis from when you are first registered).

You will need to renew your registration each year by 31 July. The fee paid for renewal is the Annual Retention Fee (ARF). If you are applying for registration or restoration in June or July, in addition to the registration fee you will be required to pay your ARF for the following year.

Please check our website or call the Registration team on 020 7167 6000 for [information about the fees you will need to pay](#), or if you have any questions about fees.

### Fees for adding DCP titles

If you are already registered and want to apply for an additional DCP title(s) e.g. you are a registered dental nurse but also qualified as an orthodontic therapist, please include a fee of £12 with your application.

### Continuing professional development (CPD)

You must undertake CPD in five-year cycles. Further information will be sent to you with your certificate of registration. Find out further [details about CPD for dental professionals](#) online.

### Email

Please make sure the email address you provide is specific to you, and not a shared practice or group email address.

### Original documents

We strongly advise all applicants to send certified photocopies with their application. Please do not send original documents. We charge a £10 administration fee to return original documents to you.

Your application form and supporting documents should be posted to:

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

## 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

**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

## 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.**