

Registering as a dental care professional with the General Dental Council

Application form

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

Your application form and accompanying 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 categories 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 must not be a family member.

Section 5: Self declaration

Have you signed and ticked 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

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

Section 8: Guidance notes

An equality monitoring form is enclosed. The information you provide helps us ensure our policies and procedures do not discriminate.

Supporting documents

Please put a tick below 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 to the GDC 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 detail below)

Section 1: Registration details (Please complete in **BLOCK CAPITALS**)

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

If you have previously been registered with the GDC as a dental care professional and wish to renew that registration, 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.

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 for:

First registration

Addition of 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

Date

Print name

If your name has changed since you obtained your qualification please provide evidence of name change such as a certified copy of your marriage certificate, divorce certificate or statutory declaration of name change. (Please refer to section 1 of the guidance notes)

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

Male **Female**

Date of birth:
 D D M M Y Y Y Y

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:

The above details are correct and my name has not been entered into the DCP Register before (unless I am applying for an additional 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

1. 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 in section 8 for further details;

Plus

2. You must provide a clear photocopy of one of the following certified by your character referee:
 - a **valid passport**; or
 - a **valid photocard driving licence (a colour copy front and back of the photocard document required on the same page)**; or
 - a **valid ID card issued by the armed forces (front and back of the document required on the same page)**; or
 - a **valid EEA ID card (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.

Occupation before your application for entry to the register

(Please do not complete this section if you are applying to add an Additional Title)

If you are applying to add an additional title you do not need to complete questions 1 and 2.

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

Yes No

3. Was this working as a student/trainee dental nurse or dental technician in the UK while studying towards a qualification recognised for registration with the GDC)?

Yes No

If yes and you **were not** a student/trainee dental nurse or dental technician, please enclose a letter setting out the treatments, tasks or work performed and provide an explanation as to how this occurred. You are advised to contact your solicitor or defence organisation before submitting your application as your answers may be given in evidence.

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:

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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 (to be completed by the referee)

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

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.

Please note: this cannot be completed by a family member. The character referee must also sign all supporting documents and the back of the 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.

Tick here if you are responsible for the applicant’s dental training

Full name of applicant

Full name of referee

Position held – specify job title

GDC/Other Regulator’s registration number i.e. GMC (if applicable)

Address

Email

Contact telephone 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 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 continue on a separate sheet if required.)**

I can confirm that I have seen the original documents included with the application form and have signed each copy. This reference is only valid for 3 months from the date on which it was signed.

Signed: Date:

Section 5: Self-declaration (Please refer to the guidance notes page 19)

This section must be completed by all applicants

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

1. Have you been convicted of a criminal offence and/or cautioned (other than a protected conviction or caution) and/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?

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.

Note: Dental care professionals are exempt from The Rehabilitation of Offenders Act 1974. You must therefore tell us about prosecutions or convictions, including those that might otherwise be considered 'spent' under this 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.

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

Yes No

This also includes student fitness to practise proceedings. 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.

3. 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.

4. 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.

5. 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 in the UK, insurance or indemnity arrangements appropriate to the areas of my practice. (Please tick)

Yes

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.

Declaration by all applicants

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 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 General Dental Council's standards and health self-certification guidance and I will adhere to this guidance. (Please tick)

Yes

Signed:

Date:

Section 6: Payment for this application only

Credit / 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.

In order to pay by 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 change.

Please make payment within **5 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.

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 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.

Section 8: Guidance notes

1. Registration details

Data Protection

Under the General Data Protection Regulation and Data Protection law, the GDC processes personal data, like the information in your application, because the processing is necessary for the exercise of the GDC's statutory functions; and the processing is also in the substantial public interest.

Information about how the GDC will use and share the information you give us, the various rights you have in connection with any personal data about you that is held by the GDC, and how long we will keep your information for can be found in the privacy notice on our website here: www.gdc-uk.org/privacy

Publication of your personal details

The GDC's register rules and regulations require us 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 dentists and DCP registers contain the names and other information about a registrant the GDC is legally obliged to make public.

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

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

Identity document

The identity document that you submit with your application must be a colour photocopy certified by your character referee. This document should be an A4 page 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 UK driver's licence that do not meet this criteria.

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

The requirement for individuals applying for registration or restoration with the GDC to submit a passport photo is aligned with the UK Government requirements: <https://www.gov.uk/photos-for-passports>. *

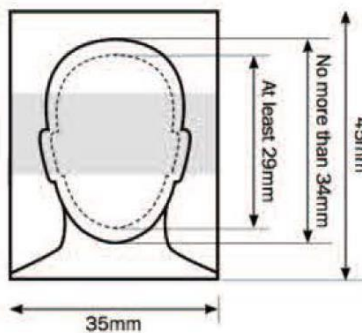
You must make sure that your passport photo meets these requirements otherwise there may be delays to your application.

Your photo must be professionally printed and 45 millimetres (mm) 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

*Contains public sector information licensed under the Open Government Licence v3.0.



The image of you- from the crown of your head to your chin must be between 29mm and 34mm high

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, and this must be signed by your character referee.

Guidelines for certifying photocopies of originals

The person certifying the photocopies of your documents must be your character and identity referee as well. 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 is one:

- On which 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.
- Please note: you will have to pay for the translation. The General Dental Council will not refund any fees for carrying out the translation.

2. Qualification

Please refer to our website to see which qualifications are approved for registration by the GDC and enclose a photocopy of your qualification(s) 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. We will use the information provided in this section 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; or 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
 - MP
 - teacher

They 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 considering section 5 of the application form you must therefore 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 any are being contemplated, by a regulatory or licensing body in the UK or any other country. You will also need to advise the GDC 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 read the GDC's health self-certification guidance before completing the questions relating to your health within the self-declaration.

You must inform the GDC 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

Indemnity

The Dentists Act 1984 includes a legal requirement for registrants to hold appropriate insurance or indemnity cover for practising as such; it is a condition of registration for all dental professionals to have insurance or indemnity cover.

We understand that those who are not/have not yet registered with the GDC will not yet 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 cover recognised by the GDC are:

Dental defence organisation membership – either your own membership or cover provided by your employer's membership;

Professional indemnity insurance held by you or your employer; or

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 registrants 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. The GDC may request further information regarding your insurance or indemnity cover during your application.

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.

For more information on insurance or indemnity cover please see:

www.gdc-uk.org/dentalprofessionals/standards/pages/indemnity.aspx

6. Fees

Please check our website or call the Registration Team on +44 (0)20 7167 6000 for current registration fees. If you are applying in June or July, in addition to the registration fee you will be required to pay your annual retention fee for the following year.

Continuing professional development (CPD)

You must undertake continuing professional development in 5-yearly cycles. Further information will be sent to you with your certificate of registration.

Use of additional DCP titles

If you are currently registered and wish to apply for use of additional DCP titles please include a fee of £12 with your application. For example, if you are a registered dental nurse but are also eligible to be registered as an orthodontic therapist, you can hold dual registration at this minimal cost.

Email

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

Original documents

We strongly 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, please note there is a £10 administration fee for this.

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

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

Equality Monitoring Form

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 provide this information, and if you choose to provide it, this information will be treated in the strictest confidence under the Data Protection Act 2018. It will only 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. You have various rights in connection with any personal data about you that is held by the GDC. These include the right to request a copy of your personal data; the right to object to it being processed; and the right to request its deletion. More about these rights along with information about the GDC's Data Protection Officer, retention time frames, and about the complaints process may be found at gdc-uk.org/privacy.

AGE

- 16-21 22-30 31-40 41-50 51-60 61-65 Over 65 Prefer not to say

DISABILITY Do you consider yourself to have a disability?

- Yes No Prefer not to say

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

RACE

White

- British
 Irish
 Any other White background (please specify)

Black or Black British

- African
 Caribbean
 Any other Black background (please specify)

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
 White and Chinese
 Any other mixed ethnic background (please specify)

Chinese or any other ethnic group

- Chinese
 Any other ethnic background (please specify)

- Prefer not to say

SEX

- Female Male Prefer not to say

GENDER IDENTITY – is your gender identity the same as the gender you were assigned at birth?

- Yes No Prefer not to say

RELIGION/BELIEF

- Buddhist Christian Hindu None
 Jewish Muslim Sikh Prefer not to say
 Other religion / faith (please specify)

SEXUAL ORIENTATION

- Bisexual Gay man Gay woman Heterosexual Prefer not to say

MARITAL STATUS

- Civil partnership Divorced Married
 Separated Single Widowed Prefer not to say

THANK YOU FOR YOUR COOPERATION