

Registering as a dentist with the General Dental Council Temporary registration (first registration)

Application Form

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

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

Phone: +44 (0) 20 7167 6140
Fax : +44 (0) 020 3355 1574
Email : assessments@gdc-uk.org

GDC Temporary Registration Contact Number:
(office use only)

Under temporary registration, I intend to (please tick):

☐ **Work as a Senior House Officer**

Please include a letter from the relevant post-graduate deanery confirming the post is suitable for training.

☐ **Work in a Tier 5 training post**

These posts are organised by the National Advice Centre for Postgraduate Education, so you must confirm with them first that they approve your post before you submit an application to the GDC.

☐ **Work as a Specialist Registrar**

Please include a letter from the relevant post-graduate dental dean which should confirm your training number and end date of training.

☐ **Work as a Specialist Registrar - Locum Appointment for Training (LAT)**

Please include a letter from the relevant post-graduate deanery confirming that the post is recognised for the purposes of training and the dates of the post.

☐ **Participate in an Army/Navy personnel exchange programme**

Please include a letter from your supervising Consultant confirming that you are part of an approved exchange programme and the start and end dates of the post.

☐ **Work in a Teaching Post**

Please enclose a job description which should include all the duties you will be required to undertake and the level of supervision you will receive.

☐ **Work in a Research Post**

Please enclose a job description which should include any clinical duties you will be required to undertake and the level of supervision you will receive.

Please confirm the dates you will be employed in this post:

From: / /

To: / /

Occupation before your application for entry to the register

This section should be completed by all applicants

1. Have you been working as a dentist outside 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 dentist 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 as your answers may be given in evidence.

I confirm all the details in Section 1 and the rest of the form are correct to the best of my knowledge.

Signed: Date: / /

Section 2. Confirmation of Employment

This section must be completed by a member of the Human Resources department in each hospital / institution where you work. (Please note that you will only be allowed to work in a maximum of three hospitals)

Hospital / institution 1

I (insert name of HR staff member):

(insert position of HR staff member):

certify that (insert name of dentist):

will be employed as (insert title of post):

from (insert date): **to** (insert date):

at the following hospital or institution:

Address:

Postcode:

Signature of HR staff member: **Date:**

Email address of HR staff member:

Contact number of HR staff member:

Hospital / institution 2

I (insert name of HR staff member):

(insert position of HR staff member):

certify that (insert name of dentist):

will be employed as (insert title of post):

from (insert date): **to** (insert date):

at the following hospital or institution:

Section 3. Confirmation of supervision

This section should **ONLY** be completed by the applicant's supervising consultant who **MUST** be registered with the GDC.

I (insert name of consultant):

(insert job title):

(insert GDC Registration number):

certify that (insert name of dentist):

will be employed as (insert title of post):

from (insert date): / / **to** (insert date): / /

(The post applied for must be at least 180 days in duration)

at the following hospital/s or institution/s:

1.

2.

3.

At the above-mentioned hospital/s or institution/s, and at all times when they are practising, there will be a registered dentist, able to give adequate supervision, on the premises. Also, the provisions of the Ionising Radiation (Protection of Persons Undergoing Medical Examination or Treatment) Regulations 1988 concerning training requirements for those clinically or physically directing a medical exposure will be fully observed.

If the applicant is in a training post, for example, an SHO or Tier 5 training post, I can confirm that the applicant will be following a planned programme of training which will be periodically reviewed.

Signed: Date: / /

Section 5. Self-Declaration (See guidance notes)

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?

Note: Dentists 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.

☐ 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 you would want the Council to be aware of in consideration of your application.

2. 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.

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.

[Continued on next page](#)

Section 5 - continued

Before answering the next question, please refer to the Indemnity guidance notes

5. The Dentist Act 1984 includes a legal requirement for registrants to hold insurance or indemnity cover for practising 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.**

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.

6. Declaration by all applicants

☐ **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 General Dental Council's standards and health self-certification guidance and I will adhere to this guidance.**

Signed: Date: / /

Section 6. English language (see guidance notes)

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

Please refer to the **GDC Guidance on English Language Controls** document which can be found on the GDC's website via the following link (<https://www.gdc-uk.org/professionals/registration/english-language-controls>), for guidance about the types of evidence we are likely to accept as proof that a dental professional has the necessary knowledge of English.

☐ **I confirm that I have read and understood the English language requirements.**

Please tick as appropriate the evidence that you are submitting with your application:

☐ International English Language Testing System (IELTS) Certificate

☐ A recent primary dental qualification that has been taught and examined in English

☐ A recent pass in a language test for registration with a regulatory authority in a country where the first and native language is English

☐ Recent experience of practising in a country where the first and native language is English

☐ Other (please provide details in the box below)

Please list all the documents you are providing with your application:

☐ **I confirm that I have provided recent and objective evidence that I can read, write and interact effectively in English with patients, relatives and other healthcare professionals in relation to my role as a dental professional.**

Signed: Date: /

PLEASE LEAVE THIS PAGE BLANK

Section 7. Clinical Reference – Second referee

If your first referee was unable to verify the required 1600-hour requirement, please give this form to a second referee for the remaining hours to be completed. A third form is included if you need a third referee to fulfil the requirement.

Second reference

Full name of applicant:

Full name of referee:

GDC registration number (if applicable):

Position held:

Organisation/university:

Department/unit:

Address:

Post/Zip code:

Country:

Work telephone number (including STD code):

Email address:
(mandatory – required for verification)

Please confirm the applicant's level of clinical experience for the reference you are providing:

- ☐ A – Undergraduate clinical experience
☐ B – Post-qualification experience
☐ C – A combination of undergraduate clinical experience and post-qualification experience

Section 7. Clinical Reference – Third referee

If your first and second referees were unable to verify the required 1600-hour requirement, please pass this form to a third referee for the outstanding hours. You can download more forms from our website if you need to pass to another referee to fulfil the requirement.

Third reference

Full name of applicant:

Full name of referee:

GDC registration number (if applicable):

Position held:

Organisation/university:

Department/unit:

Address:

Post/Zip code:

Country:

Work telephone number (including STD code):

Email address:
(mandatory – required for verification)

Please confirm the applicant's level of clinical experience for the reference you are providing:

- ☐ A – Undergraduate clinical experience
☐ B – Post-qualification experience
☐ C – A combination of undergraduate clinical experience and post-qualification experience

Section 8. Continuing Professional Development (CPD) (See guidance notes)

The General Dental Council (Continuing Professional Development) (Dentists and Dental Care Professionals) Rules 2017, “the CPD rules”, came into effect for dental professionals, including temporary registrants, on 1 January 2018.

Please refer to the GDC Guidance on enhanced CPD and the requirements on our website - <https://www.gdc-uk.org/professionals/cpd/enhanced-cpd> - for further details.

CPD required for temporary registration

Temporary registrants are required to undertake at least 20 hours of CPD during each CPD year. A temporary registrant will be asked to declare their CPD statement upon completion of a year’s (365 days) worth of direction from 1 January 2018 (when the “CPD rules” came into effect). This will be required before the next direction can be granted.

Continuing Professional Development (CPD) declaration

I confirm that:

☐

I have read, and I understand the CPD requirements for registration (<https://www.gdc-uk.org/professionals/cpd/enhanced-cpd>);

☐

I understand that I will be requested to provide a declaration to the GDC once I have completed 365 days of temporary registration and that the GDC will not grant any further periods of temporary registration if I do not provide this declaration.

Signed: Date: / /

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GUIDANCE NOTES FOR COMPLETING THIS FORM

The guidelines that govern temporary registration are available on our website (<https://www.gdc-uk.org/api/files/Temporary%20Registration%20Guidelines.pdf>). If you have any queries, please contact the Registration Team.

IMPORTANT: Temporary registration is ONLY granted for the purposes of training, teaching and research in the UK. Temporary registration will not be issued for the sole purpose of working in the UK. Until your application has been processed you must NOT begin working in your post.

Minimum and Maximum periods of Temporary Registration

Temporary Registration for any one direction/post will not be given for a period of:

- less than 180 days (unless you are applying for a renewal of your current direction)
- more than 365 days

You may apply for further periods of temporary registration to which these time limits also apply. If you leave the post for which you have been given temporary registration, you must notify the Council in writing, within 10 days of your last working day in order for your registration to be stopped for that post. You must also provide confirmation from the Human Resources department in writing of the new end date of your post.

The total maximum time for which the Council gives temporary registration is 1826 days. You will have a maximum seven-year period in which you can use your allotted 1826 days. Once you have used your full entitlement of 1826 days, no further temporary registration directions will be issued to you. After a period of seven years, no further temporary registration directions will be given to you, regardless of how many days have been used.

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

Please ensure you and your referees read and understand the guidance notes below before completing and submitting your application form. Incomplete or incorrect forms will delay the processing of your application.

Section 4: Character Reference

A professional such as a doctor, dentist, lawyer or another professional who has known you for over one year can provide the character reference. 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 completing 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 the information is relevant and whether any further inquiries need to be made.

The character referee must also sign the back of the passport photograph (see below). By doing so, they are certifying that the photograph is a true likeness of the applicant.

Section 5: Self-Declaration

This declaration should be completed and signed by the applicant. Because dentists are exempt from the UK Rehabilitation of Offenders Act 1974, you must tell us about any previous or pending prosecutions or convictions, including those 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). 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.

A copy of the GDC's Standards for the Dental Team is available on our website. It is important that you read and become familiar with the principles it includes. You will be responsible for applying these principles to your daily work and maintaining appropriate standards or personal behaviour.

Please read the GDC's health self-certification guidance before completing the questions relating to your health within the self-declaration. This document can also be found on the GDC's website using the following link - <https://www.gdc-uk.org/api/files/Health%20self-certification%20guidance.pdf>.

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:

<https://www.gdc-uk.org/professionals/standards/indemnity>.

Section 6: English language

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

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

If the GDC is not satisfied that you have produced sufficient evidence that you have the necessary knowledge of English, we will request further evidence and/or information. Please refer to the GDC Guidance on English Language Controls document which can be found on the GDC's website via the following link (<https://www.gdc-uk.org/professionals/registration/english-language-controls>), for guidance about the types of evidence we are likely to accept as demonstrating that a dental professional has the necessary knowledge of English.

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

Section 7: Clinical Reference

You must provide one or more references to demonstrate you have completed at least 1600 hours of clinical experience prior to applying for temporary registration. These should not be dated by more than three months.

You may need to submit more than one clinical reference in order to satisfy the 1600 hours requirement. We have provided three forms. If you require further copies of this section of the form, please call the Registration Team. If one reference satisfies the 1600 hours requirement, we do not need additional references.

Your referees must complete this section of the application form to verify that you have this experience, providing details of your clinical experience. They may continue on additional sheets if necessary but please ensure that any additional sheets are signed and dated by your referees.

If you are submitting evidence from your primary dental qualification as evidence of prior clinical experience, the Dean of the dental school or your professor/tutor acting on behalf of the Dean must be the referee. Please ensure that the Dean's office stamps the form in all cases.

If you are submitting evidence from post-qualification work experience, the person verifying the reference must be, or have been, registered as a professional with the regulatory body in the country where you last worked or studied and must be, or have been, your employer.

If you are unable to submit evidence of your clinical experience because you are a refugee or asylum seeker, please contact the Registration Team to discuss alternative methods of verification.

Section 8: Continuing Professional Development (CPD)

The General Dental Council (Continuing Professional Development) (Dentists and Dental Care Professionals) Rules 2017, "the CPD rules", came into effect for dental professionals, including temporary registrants, on 1 January 2018.

CPD for dental professionals is defined in law as "learning, training or other developmental activities which can reasonably be expected to maintain and develop a person's practice as a dentist or dental care professional and is relevant to the person's field of practice".

Keeping up to date and engaging in development activities helps assure the GDC and other bodies that you provide dental services safely to the public. This is the key reason for CPD being a requirement of registration. The requirements for the scheme are set out in law in the CPD rules, which give the GDC powers to act if temporary registrants don't comply with their obligations.

Please refer to the GDC Guidance on enhanced CPD and the requirements on our website - <https://www.gdc-uk.org/professionals/cpd/enhanced-cpd> - for further details.

CPD requirements once you have been added to the register as a temporary registrant

Temporary registrants are required to undertake at least 20 hours of CPD during each CPD year. A temporary registrant will be asked to declare their CPD statement upon completion of a year's (365 days) worth of direction from 1 January 2018 (when the CPD rules came into effect). This will be required before the next direction can be granted. This means that, as of 1 January 2018, if the number of days of the direction you are applying for add up to more than 365 days (in combination with a previous direction), your direction will be limited to a total of 365 days. This is irrespective of the end date confirmed by the Human Resources department in your application form. It will be your responsibility to apply for renewal of your temporary registration for the remaining days of your contract before your direction ends.

IMPORTANT: It is your responsibility to ensure that you have the appropriate temporary registration before you can start and/or continue working in that post. Working in a post without the required registration constitutes illegal practice.

For example: a temporary registrant starts a 6-month direction on 14 November 2017. Their direction ends on 12 May 2018. They then apply for a further 12-month direction, due to start on 1 September 2018 and end on 31 August 2019.

- The GDC will grant the first direction for 6 months (180 days) starting on 14 November 2017 and ending on 12 May 2018.
- The CPD year for this temporary registrant will commence on 1 January 2018 (when the "CPD rules" came into effect) and they will therefore be considered as having accumulated **133** days towards their CPD year.
- This means that they have **232** days remaining of their CPD year before a CPD Declaration is required.
- The GDC will grant the direction commencing on 1 September 2018, for 232 days, therefore ending the direction on 20 April 2019 instead of 31 August 2019.

- The temporary registrant will submit a CPD declaration before the GDC can grant the remainder of the 12-month direction they originally applied for.
- Once the CPD declaration is received and accepted by the GDC, we will grant the 133 days from 21 April 2019 to 1 September 2019.
- This will continue until the temporary registrant uses up their total allowance of 1826 days.

	Direction start date	Direction end date	Number of days in CPD year for temporary registrant	Number of days remaining in CPD year for temporary registrant
6 month direction	14 November 2017	12 May 2018	133 – calculated from 01/01/18 (when the “CPD rules” come into effect) to 12/05/18	232 (365 -133)
12 month direction	1 September 2018	20 April 2019	232 days (Direction limited as 365 days reached)	0 days
Temporary registrant submits a CPD Declaration				
	21 April 2019	1 September 2019	133 days	232 days of temporary registration before a new CPD Declaration is required

Temporary registrants must meet all other requirements as outlined in the GDC **Guidance on enhanced CPD** – this is available on our website (<https://www.gdc-uk.org/api/files/ECPD%20guidance%20for%20professionals.pdf>).

Please note that all CPD must meet the requirements as listed in the above guidance. If you wish to include CPD completed outside the UK, it is your responsibility to check and ensure that the CPD meets the requirements as set out in our guidance.

Temporary registrants may be asked to provide copies of the documentary evidence of their CPD as part of an audit. This can occur any time whilst registered as a temporary registrant. For this reason, you are strongly advised to ensure that you have completed the required amount of CPD and that you retain your documentary evidence for the duration of your temporary registration. If you are unable to provide the Registrar with this evidence, your registration may be put at risk.

CPD CYCLE AND CPD YEAR

It is important to note that a temporary registrant’s CPD cycle is different from what is calculated as their CPD year. Please note below how the start dates for each one can be determined.

CPD Year

- For applicants who are applying for temporary registration for the first time after 1 January 2018, their **CPD year** will start on the first day of their first direction.
- For applicants who are renewing or restoring their temporary registration after 1 January 2018, but were not on a direction on 1 January 2018, their **CPD year** will start on the first day of their new direction.
- For applicants who are renewing or restoring their temporary registration after 1 January 2018 and were on a direction on 1 January 2018, their **CPD year** will start on 1 January 2018.

CPD Cycle

A temporary registrant’s CPD cycle will always be calculated from the first day of their first direction under temporary registration with the GDC.

Please contact the GDC if you are not sure when your CPD cycle or CPD year start date is.

Documents required

As well as this completed application form, we require:

- A certified copy of a valid passport.
- A recent passport sized photo that has been signed by your character referee on the back.
- A certified copy of your primary dental qualification
- An authorised English translation of your dental qualification ONLY if the certified copy is not in English
- A Certificate of Good Standing or Certificate of Current Professional Status (CCPS)
This is a certificate issued by 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. This document cannot be more than three months old at the time of your application. We require the original certificate and not a copy and if applicable, a certified translation into English from a qualified or authorised translator.
- Evidence of English language
- GDC guidelines regarding the certification and translation of documents can be found below.
- Certified copy of a change of name document such as marriage certificate if the name in your documents is not the same. This also should also be accompanied by an authorised English translation if it is not issued in English.
- You are eligible for temporary registration if your dental degree is accepted by NARIC UK. Please contact this organisation to obtain a Certificate of Comparability.
- If your qualification is accepted, NARIC UK will provide you with a letter confirming approval which must be submitted with your first application for temporary registration. Please visit www.naric.org.uk for more information. Please note that you are responsible for paying NARIC UK for any charges incurred for providing this Certificate. The GDC will not reimburse any charges.

Passport

The copy of your passport that you submit with your application must be a colour photocopy certified according to our standards. This document should be an A4 page size.

The image of your passport should be clear with the certification not overlapping any part of it. It is important that the machine-readable zone (MRZ) is clear.

Passport photograph

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

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

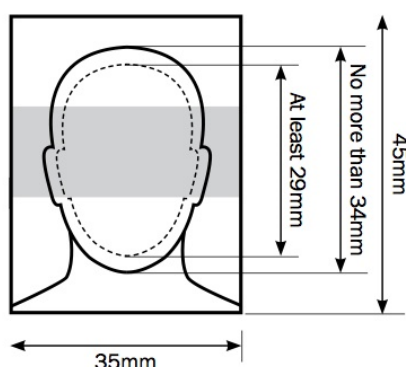
You must make sure that your passport photo meets these requirements otherwise there may be delays to your application.

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

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



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

Guidelines for the certification of copies of original documents

The GDC's guidelines for the certification of copies of original documents are as follows:

- The document should be first generation photocopy (i.e. a photocopy of the original document, not a photocopy of a photocopy or a fax).
- The person certifying the copy of the document should be a Notary Public, Commissioner of Oaths, Justice of the Peace, lawyer, solicitor or an authorised officer of an embassy or consulate.
- The person certifying the copy must confirm in English writing that they have inspected the original document and that the copy of the document they are certifying is 'a true copy of the original document.'
- The person certifying the copy must also write on the copy their full name, address and if they do not have a stamp, their professional status. They must then sign the copy.
- The person certifying the document cannot be the applicant themselves, a relative, their partner/spouse, regardless of their professional status.

Guidelines for the translation of documents

Anything that is not in English must be translated according to the GDC's standards:

- The certified translation must be produced by a qualified translator; and
- The translation must be bonded to a photocopy of the specific document; and
- The translator must confirm in English writing that the translation is an exact translation of the copy attached; and
- The translator must provide their contact details.
- The Council will not accept a translation of a translation (e.g. a Polish diploma translated into German, then to English from German is not acceptable).

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.

Return of documents

An administration charge of £10 should be added to the registration fee if you wish us to return any documents you have submitted.

General

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

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

PLEASE LEAVE THIS PAGE BLANK

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)

Asian or Asian British

- ☐ Bangladeshi
☐ Indian
☐ Pakistani
☐ Any other Asian background (please specify)

Chinese or any other ethnic group

- ☐ Chinese
☐ Any other ethnic background (please specify)

Black or Black British

- ☐ African
☐ Caribbean
☐ Any other Black 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)

- ☐ 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