Application to be restored to the register

(Dentist / Dental Specialist)

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
Use this checklist to ensure you have completed all the relevant sections of the form and copied and included all the relevant documents.

Section 1: Registration details
Have you provided your name and contact details?

Section 2: Character reference
Your referee must have seen the originals of any documents you are providing with your application and signed each copy. Your referee must not be a family member.

Section 3: Health and self-declaration
Have you signed and dated the application?

Section 4: English language
Do you need to provide evidence of your knowledge of English?

Section 5: Continuing Professional Development (CPD)
Have you completed your CPD requirements to restore?

Section 6: Payment for this application only
Have you provided payment details?

Section 7: Payment for future Annual Retention Fees
Have you decided to pay the ARF by Direct Debit in future? If so, 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 (certified photocopy)
- Passport photo (original)
- Proof of name change (certified photocopy, if applicable)
- Evidence of English language (if applicable)
- Translation of documents (original if applicable)
- Additional documents (please specify)
Section 1: Registration details (Please complete in BLOCK CAPITALS)

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 to be restored to the register as a:

☐ Dentist

☐ Dentist specialist - please tick here if you also wish to be restored to a specialist list. You will need to include payment of the additional fee.

Full name of applicant (this must exactly match all your supporting documents)

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

First names: ____________________________________________________________

Surname: ______________________________________________________________

Registered address

Your registered address

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Postcode: __________________________________________________________________

If your name has changed since you obtained your qualification please provide a certified copy of your marriage certificate, divorce certificate or statutory declaration of name change. Please refer to 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

To ensure we are able to process your application promptly, please provide contact telephone numbers and an email address. From time to time we may wish to contact you by email or text message. These details will not be made available to the public.

Home phone: 

Work phone:

Mobile phone:

Email address:

<table>
<thead>
<tr>
<th>Qualification(s)</th>
<th>Awarding body</th>
<th>Date awarded</th>
</tr>
</thead>
</table>

GDC Registration Number:

Date of first registration:
Evidence of identity

1. 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. Please refer to the guidance notes in section 8 for further details.

2. You must provide a clear photocopy of one of the following certified by your character referee:

- a valid passport; or
- a valid photocard UK driving licence (a colour copy front and back of the photocard 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 2, 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).
Occupation since you have been off the register (This section should be completed by all applicants)

1. Have you been working as a dentist 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 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 treatments, tasks or work performed and provide reasons 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.

The above details are correct:

Signature

Date
Section 2: Character and identity reference

(To be completed by your character referee in handwritten BLOCK CAPITALS)

All amendments in this section must be signed by the referee only.
The character reference can be provided by another professional such as a doctor, a dentist or a lawyer who has known you for over 12 months. The character reference cannot be completed by a member of the applicant's family.
The 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 the applicant.

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.)

This reference is only valid for 3 months from the date on which it was signed.

Signed: [Signature] Date: [Date]

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.)

This reference is only valid for 3 months from the date on which it was signed.

Signed: [Signature] Date: [Date]
Section 3: Health and self-declaration
(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: 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.

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, including student fitness to practise?

☐ 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.

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 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.

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.

☐ Yes

Signed: ___________________________ Date: ___________________________
Section 4: 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.

Please refer to our guidance which sets out how and when we will request evidence or information to determine whether you have the necessary knowledge of English and the process we will follow.

You must provide recent, objective evidence that you can read, write and interact effectively in English with patients, relatives and other healthcare professionals in relation to your role as a dental professional.

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

Please tick as appropriate the evidence that you are submitting:

☐ 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)
Section 5: Continuing Professional Development (CPD)

Please note: Once you have been restored to the register you may be asked to provide copies of the documentary evidence from your previous 5-year cycle as part of an audit. This can occur any time within 5 years of the end of a cycle. 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 at least 5 years after the relevant cycle has ended. If you are unable to provide the registrar with this evidence your registration may be put at risk.

To restore to the register, you must submit a completed CPD record (template available on the GDC website gdc-uk.org/professionals/registration/restoration along with any necessary documentary evidence and complete the CPD declaration on this page.

The record must contain details of all CPD undertaken in the shorter of the following periods:

- Period between the start of your current 5-year CPD cycle and date of your restoration application, or
- the five years preceding the date of your restoration application, or
- period between the date of first registration and the date of your restoration application.

The total number of hours will depend on when you apply for restoration. Your CPD hours will be based on a pro-rata calculation of your 5-year CPD cycle.

For each year before 1 January 2018, 50 hours of CPD (of which 15 must be verifiable) is required. For each year after 1 January 2018, 20 hours of CPD (all of which must be verifiable) is required.

Continuing Professional Development (CPD) declaration

☐ I confirm that –
  - I have met the requirements of my most recent CPD cycle (where applicable)
  - I have read and understand the CPD requirements for registration gdc-uk.org/professionals/cpd/enhanced-cpd.

Signed: ___________________________ Date: ___________________________
Section 6: Payment for this application only

Please check our website or call the Customer Advice and Information Team on +44 (0)20 7167 6000 for current restoration fees. If you are applying in November or December, in addition to the restoration fee you will be required to pay your annual retention fee for the following year.

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 and we can proceed with your registration. 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.

☐ Please tick here if you require the return of original documents (£10 fee applies)

Email address:

Contact telephone number:

Payment covers the registration period until 31 December.
Section 7: Payment for future ARFs

If you would like to pay future ARFs by Direct Debit, please complete this form. We would strongly encourage you to set up a Direct Debit for ARF payments.

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

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

Registrant’s full name

Account holder name

Bank of building society account number

Bank or building society sort code

Name and address of your UK bank or building society

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/Building Society.

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

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

(Advice for applicants and those signing the character section)

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

- a signed character reference
- a declaration about health and character filled in by the applicant.

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 [gdc-uk.org/privacy](http://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 GDC will only accept certified copies of a current passport or UK drivers licence, this should be supplied as a colour photocopy on A4 page size, not enlarged with the machine-readable zone (MRZ) clearly displayed. The copy must be certified by your character reference.
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 [gov.uk/photos-for-passports](http://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

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

Change of address
Please keep us informed if you change address. Failure to do so could lead to important communications and notices, including those relating to the annual fee. To tell us of a change of address, please log into eGDC or download a change of address form from gdc-uk.org.

Change of name
The name you put in your application must be the same name you use in your work and must match the proof of identity you provide. If your name has changed since you were last on the register please send us evidence of this, such as a certified copy of your marriage certificate, divorce certificate or statutory declaration of name change, and this must be signed by your character referee.
Keeping your name on the register
To keep your name on the register you must pay your annual retention fee each year. We will contact you when your fee is due. You are legally obliged to pay this fee whether or not you have received the reminder. You must also undertake Continuing Professional Development in 5 yearly cycles as a condition of continued registration.

The character reference
The character reference can be provided by another professional such as a doctor, a dentist or a lawyer who has known you for over 12 months. The character reference cannot be provided by a member of your family.

The GDC will only use the information provided by the referee to assess your fitness for registration. The person writing the character reference should include any information about your character which might raise a question about the applicant’s suitability for registration. The Registrar will decide whether or not the information is relevant and whether any further inquiries need to be made.

The 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.

The health and 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 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 the information you provide in confidence. We will only use it to assess your fitness for registration now and in the future and will only refuse registration on the basis of this information if we are satisfied about your fitness to practise and/or good character. If you make a false statement, we may refuse your application for registration and/or prosecute you and/or charge you with professional misconduct.

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

**Evidence of 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 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 “Evidence of English language competence: guidance for applicants” document, which can be found on the GDC website gdc-uk.org for 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.

**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.

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. All registrants must know the details of their indemnity cover when they start practising in the UK.

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 be removed from the GDC register.

For more information on insurance or indemnity cover please see gdc-uk.org/dentalprofessionals/standards/pages/indemnity

**Indemnity arrangements not required as appropriate to the areas of my practice**
If your role does not involve any clinical work whatsoever, and there is absolutely no risk that a patient could need to claim compensation from you (for example if you are not practising, are employed as a lecturer, or work with statistics) then you do not need to have insurance or indemnity cover.
Please note, if your circumstances change and you begin practising in the UK, the Dentists Act 1984 includes a legal requirement for registrants to hold appropriate insurance or indemnity cover.

For more information on insurance or indemnity cover please see gdc-uk.org/dentalprofessionals/standards/pages/indemnity

**Continuing Professional Development**
Dental professionals have a duty to keep their skills and knowledge up to date. Anyone intending to restore to the GDC’s registers must satisfy the GDC that CPD has been completed while off the register. Section 5 of this form outlines the requirements you will need to meet when applying to restore.

CPD for dentists and DCPs is defined in law as activity which contributes to their professional development and is relevant to their practice or intended practice. Please refer to our website gdc-uk.org/professionals/cpd for further information.

**Documents required**
If you have been working as a dentist in the UK during the time you were not registered with the GDC please enclose a letter setting out the reason why this happened. If this has occurred you are advised to contact your solicitor or defence organisation before submitting your application on the basis that this may give rise to fitness to practise or criminal proceedings. If you have been working abroad as a dentist during the time in which you were not registered with the GDC you must provide a Certificate of Good Standing from the dental authority of the country in which you were last working as a dentist.

This must state that you are legally entitled to practise dentistry and that you have not been suspended, disqualified or prohibited from working as a dentist. The original of this document is required and cannot be more than 3 months old at the time of your application. If your documents are not in English they must be accompanied by certified translations made by a qualified translator.

**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, please note there is a £10 administration fee for this.
**Restoration Fees**

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

**General**

Please return your completed form and your documents to:

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

It is a criminal offence for anyone, other than a registered medical practitioner, to practise dentistry without being registered with the General Dental Council.

**Managing GDC registration online**

If you’re a registered dental professional, you can use eGDC to update contact details and manage other registration responsibilities. Visit egdc-uk.org to create an account and get started.
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