

**Application for a review
Rule 9 General Dental Council (Fitness To Practise) Rules 2006**

Before completing this form, please read the "Guidance on the Registrar's Rule 9 power of review".

SECTION 1: YOUR DETAILS	
LAST NAME	
FIRST NAME	
TITLE	
EMAIL ADDRESS to which correspondence may be sent (please note, this is the primary means by which the GDC will contact you)	
POSTAL ADDRESS	
SECTION 2: DETAILS OF THE DECISION TO BE REVIEWED	
GDC REFERENCE NUMBER	
NAME OF REGISTRANT	
DATE OF DECISION TO BE REVIEWED	
SECTION 3: GROUNDS FOR REVIEW	
WHAT IS THE BASIS FOR THE APPLICATION?	<input type="checkbox"/> The decision to close the case/allegation is materially flawed <input type="checkbox"/> There is new information
WHY IS THIS APPLICATION NECESSARY?	<input type="checkbox"/> For the protection of the public <input type="checkbox"/> For the prevention of injustice to the respondent <input type="checkbox"/> It is otherwise in the public interest

SECTION 3: APPLICATION FOR AN EXTENSION OF TIME (IF APPLICABLE)

The Registrar must not, save in exceptional circumstances, commence a review more than two years after the date of the determination. If you know your application for a review is late, or you are not sure if the Registrar will be able to commence a review within the required period, you should give detailed reasons in support of the request for an extension of time.

SECTION 4: GROUNDS FOR REVIEW

Please give detailed reasons for your belief that the decision, in whole or in part, is materially flawed AND/OR please explain what new information you are now providing and why it may have led, wholly or partly, to a different decision. If you are providing new information, please attach a copy of any relevant documents.

SECTION 5: YOUR DECLARATION

I confirm that I have read the following documents: 1. Rule 9 Information Factsheet; 2. Rule 9 Guidance

*(I believe)(The applicant believes) that the facts stated in this form are true.

*I am duly authorised by the applicant to sign this statement.

(*Please delete as appropriate.)

Signature:

Date: