

DENTISTRY (JERSEY) LAW 2015

APPLICATION TO REGISTER AS A DENTAL CARE PROFESSIONAL

To be completed by applicants who intend to practise as a dental care professional in Jersey

In addition to the information provided in this application, please also provide photographic ID (passport/driving licence), a copy of your professional qualifications, a copy of your current GDC annual practising certificate and the requisite fee of £55.00

1. Please indicate the dental care profession for which you are applying

- Clinical Dental Technician
- Dental Hygienist
- Dental Nurse
- Dental Technician
- Dental Therapist
- Orthodontic Therapist

2. Personal Details

Full Name with which you are registered with the GDC

Forename/s	Surname

2.1. Gender: Male Female

2.2. Date of birth:

2.3. Address at which you are registered with the GDC:

Postcode _____

2.4. Contact: Tel No _____

Home/Work/Mobile
(delete as necessary)

Email address _____

3. Professional Qualifications

Please list your professional qualification/s including any post-graduate qualifications (please continue on a separate sheet if required)

Qualification	Awarding Institution (name and location)	Year of qualification

4. Professional Registration

4.1. Date of first registration with the GDC:

4.2. GDC Registration Number:

4.3. Date GDC registration expires:

5. Please provide the name, address and email contact details for each place of employment from where you intend to practice (please continue on a separate sheet if required)

Name	Full Address	Email Address

5.1. The proposed date of commencing employment _____

6. Disclosure

6.1. Have you at any time, in Jersey, the UK or elsewhere been subject to any investigation which has had an adverse outcome as follows:

1. an investigation into any matter relating to fraud. Yes No

2. an investigation by any licensing, regulatory or other body into your professional conduct. Yes No

3. an investigation by any current or former employer into your professional conduct or performance. Yes No

Have you ever been convicted of an offence in Jersey, or elsewhere Yes No

If you have answered **Yes** to any of the aforementioned questions, please provide details, including approximate dates, of where any investigation or proceedings were brought, the nature of the investigation or proceedings, and the outcome, or details of the conviction below:

(please use additional paper if required, ensuring all pages are numbered and signed)

6.2. To the best of your knowledge, are you currently, in Jersey, the UK or elsewhere:

1. subject to an investigation into, or proceedings regarding your professional conduct by any licensing, regulatory or other body, including any investigation into, or proceedings regarding any matter relating to fraud? Yes No
2. subject to an investigation into, or disciplinary proceedings regarding your professional conduct by an employer? Yes No
3. subject to an investigation or proceedings which might lead to you being convicted of an offence in Jersey, or elsewhere Yes No

If you have answered **Yes** to any of the aforementioned questions, please provide details, including approximate dates, of where any investigation or proceedings are to be brought and the nature of the investigation or proceedings, below:

(please use additional paper if required, ensuring all pages are numbered and signed)

7. Declaration

To the best of my knowledge, information and belief, the information provided in this application is true and complete. I understand that any false statements may provide grounds for the refusal of my application to be registered, or if discovered post registration, the cancellation of my registration. I understand that enquiries may be made to verify these details.

Signed: _____

Date: _____

Application checklist:

Have you:

- Completed all relevant sections
- Signed and dated the declaration

Enclosed:

- A copy of your GDC Annual Practising Certificate
- A copy of your photographic ID (passport or driving licence)
- A cheque in the sum of £55.00 made payable to the *Treasurer of the States*

PLEASE NOTE: IF THIS FORM IS INCOMPLETE OR RETURNED WITHOUT THE REQUIRED DOCUMENTATION AND PAYMENT, YOUR REGISTRATION WILL BE DELAYED.

Please return this completed form to:

Jersey Care Commission
2nd Floor, 23 Hill Street
St. Helier
JE2 4UA

Fax to 01534 445773

or scan and email to notifications@carecommission.je

If you have any queries, please contact Mandy Bates (01534 445801) or Sally Hazley (01534 445802) or email enquiries@carecommission.je