

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

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 _____

Email address _____

Home/Work/Mobile
(delete as necessary)

3. Professional Registration

3.1. Date of first registration with the GDC:

3.2. GDC Registration Number:

3.3. Date GDC registration expires:

Your proposed date of commencing employment _____

5. Disclosure

5.5. 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)

5.6. 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)

6. 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: _____

Please note, on receipt of your application we will invoice you for the registration fee of £55.00.

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)

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 the registration administrators on 01534 445801 or 01534 445802.