

## **Dentistry (Jersey) Law 2015**

Portal guidance

### **IMPORTANT**

**PLEASE READ THIS INFORMATION BEFORE COMPLETING AN APPLICATION FOR REGISTRATION UNDER THE ABOVE LAW.**

### **Dental Professional registration**

You must be registered under Jersey [Law](#) before you can start working as a dental professional for the following professions:

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

Regardless of whether you'll be working on a long-term, short-term or temporary work basis. The registration process is overseen by the Jersey Care Commission.

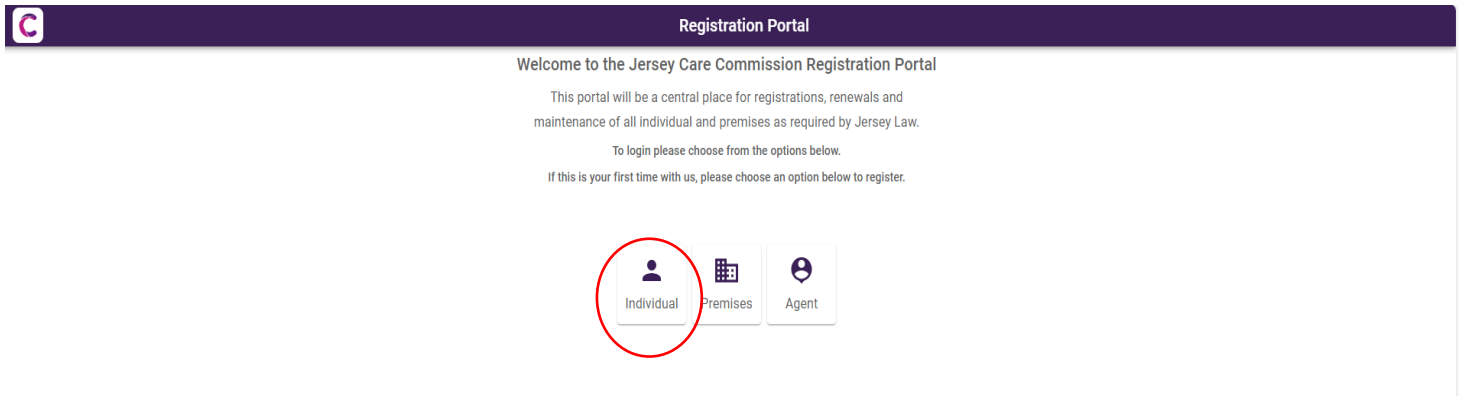
### **How do I register?**

It is essential that the details are completed correctly. Incorrect or incomplete information will be returned, delaying the registration and consequently this can delay the date from which employment in the registrable occupation can commence.

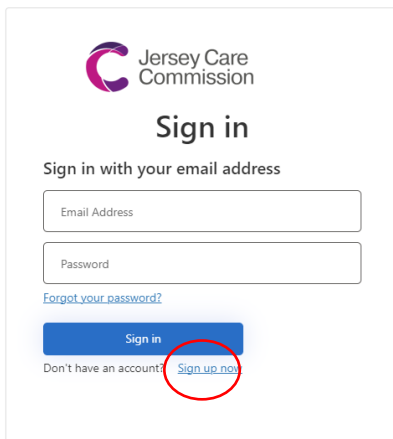
An application for registration must be submitted via the portal available by [clicking here](#)



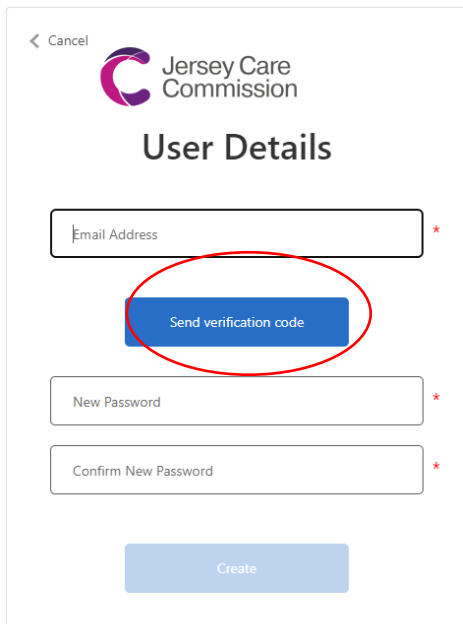
When you click on the link, you will be taken to the following screen. Click on Individual:



Click on 'Sign up Now'



Add in your email address and click 'Send Verfications Code'.





Once this has been received please add the code in the field 'Verification Code' and click 'Verify Code'.

A screenshot of a mobile application interface titled 'User Details'. At the top left is a '< Cancel' link. Below it is the Jersey Care Commission logo. The title 'User Details' is centered. A message states: 'Verification code has been sent to your inbox. Please copy it to the input box below.' There are three input fields: a blurred one, one containing 'Verification Code', and two with dots. Below the input fields are two buttons: 'Verify code' (circled in red) and 'Send new code'. At the bottom is a 'Create' button.

Please enter a password and click 'Create' (you have the option to change to a different email address at this stage).

A screenshot of the same 'User Details' form. The message now says: 'E-mail address verified. You can now continue.' The first input field contains 'lisaaphil@hotmail.com'. Below it is a 'Change e-mail' button. There are two more input fields with dots. At the bottom, the 'Create' button is circled in red.





Please add your full Name – Your name must be the same as that with which you are registered with any UK regulatory body and click 'Confirm'.

## Registration Portal

### Confirm Details

Please confirm your details below.  
You can update these details on your profile at any time.

You will be taken to the following screen. Please click on 'New Application'.

Registration Portal

### Your Registrations

No Submitted Registrations Found  
Please complete a new/draft application below.

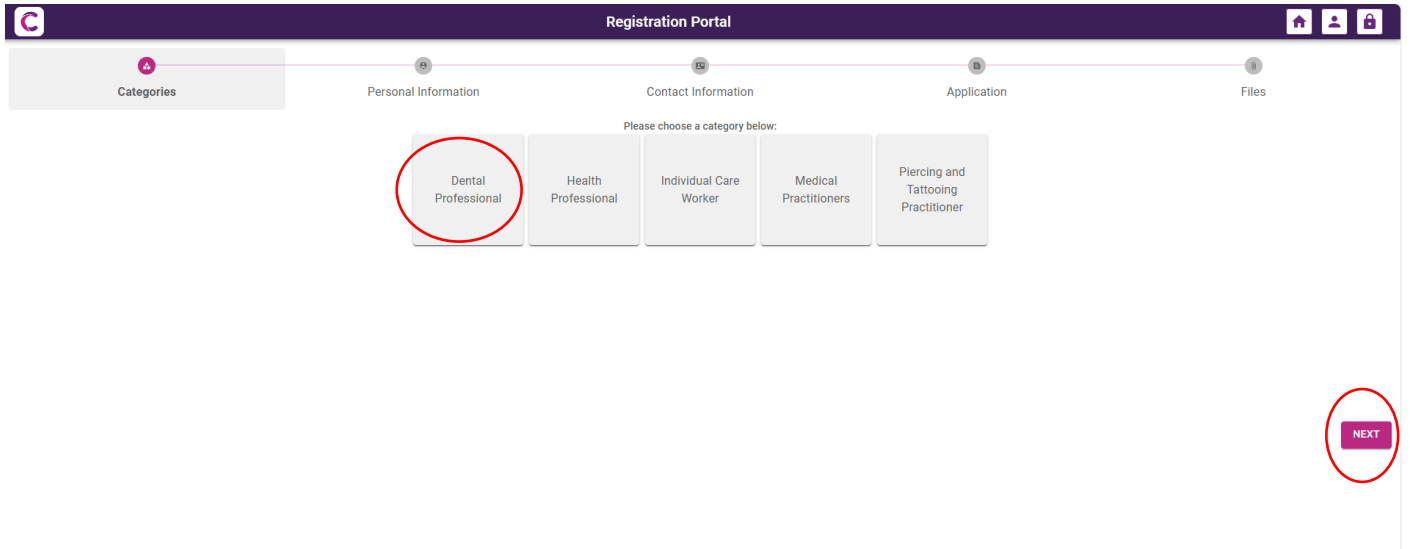
### Applications

Draft Submitted In Progress Returned To Applicant Application Not Pursued Rejected Rectified Approved

Type	Person	Created By	Created	Submitted	Status	Category	Sub-Category
No matching records found							

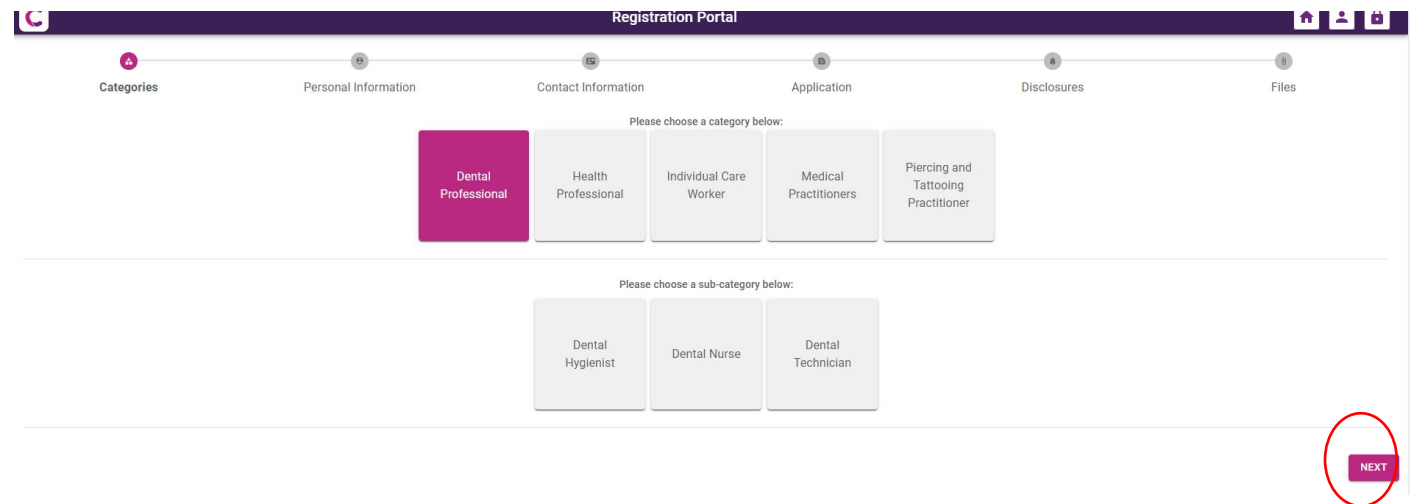
Rows per page: 30 0-0 of 0

[NEW APPLICATION](#)



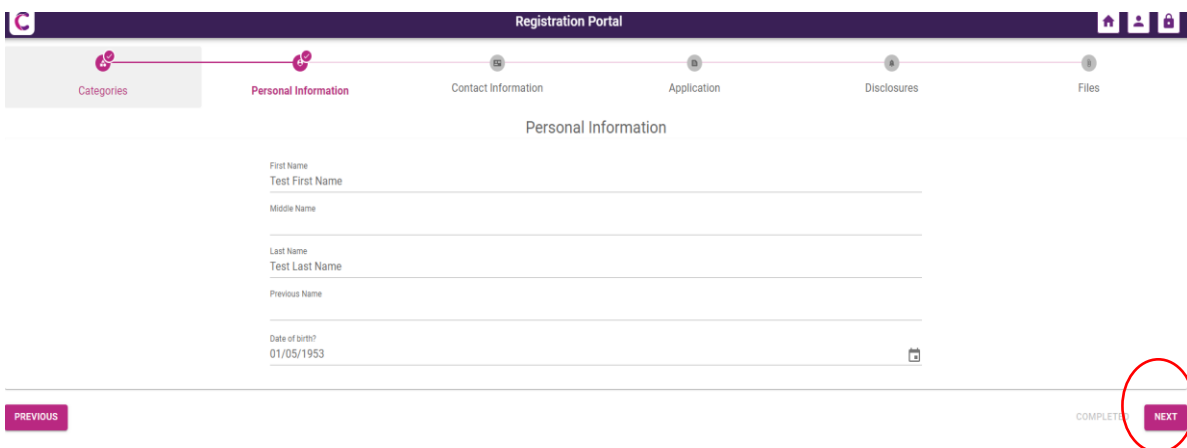
The screenshot shows the 'Registration Portal' header with a progress bar containing five steps: Categories, Personal Information, Contact Information, Application, and Files. The 'Categories' step is active. Below the progress bar, the text 'Please choose a category below:' is followed by five buttons: 'Dental Professional', 'Health Professional', 'Individual Care Worker', 'Medical Practitioners', and 'Piercing and Tattooing Practitioner'. The 'Dental Professional' button is circled in red. On the right side of the page, there is a 'NEXT' button, also circled in red.

Click on the registration type (please note that you can only select one option. If a second registration is required, two applications must be processed) and then click 'Next':



The screenshot shows the 'Registration Portal' header with a progress bar containing six steps: Categories, Personal Information, Contact Information, Application, Disclosures, and Files. The 'Application' step is active. Below the progress bar, the text 'Please choose a category below:' is followed by five buttons: 'Dental Professional', 'Health Professional', 'Individual Care Worker', 'Medical Practitioners', and 'Piercing and Tattooing Practitioner'. The 'Dental Professional' button is highlighted in purple. Below this, the text 'Please choose a sub-category below:' is followed by three buttons: 'Dental Hygienist', 'Dental Nurse', and 'Dental Technician'. On the right side of the page, there is a 'NEXT' button, circled in red.

Please add your name and date of birth (Your name should pull through from previous information provided, please ensure this is correct), click 'Next'.



The screenshot shows the 'Registration Portal' header with a progress bar containing six steps: Categories, Personal Information, Contact Information, Application, Disclosures, and Files. The 'Personal Information' step is active. Below the progress bar, the text 'Personal Information' is centered. The form contains the following fields: 'First Name' with 'Test First Name', 'Middle Name', 'Last Name' with 'Test Last Name', 'Previous Name', and 'Date of birth?' with '01/05/1953'. At the bottom left, there is a 'PREVIOUS' button. At the bottom right, there is a 'NEXT' button, circled in red.

Please add your contact telephone number and email address.

Please add your address. Please note that where relevant must be the same as that with which you are registered with any UK regulatory body. Click 'Next'

C
Registration Portal 🏠 👤 🔒

---

Categories
Personal Information
Contact Information
Application
Disclosures
Files

Contact Details

Personal Email  
testtesting@hotmail.com

---

Work Email  
testtesting@hotmail.com

---

Mobile Phone  
0125632144

---

Work Phone  
055455454

---

Home Phone  
4885545454545

---

Line 1  
Test street

---

Line 2  
Test Street 1

---

Line 3  
Test Street 3

---

City/Parish  
UK

---

Country  
UNITED KINGDOM (GBR) ▼

---

Postal Code  
CGDD 445

---

PREVIOUS
Privacy Statement
Terms and Conditions
Version: 20240529.5

NEXT

© Jersey Care Commission 2024. All rights reserved.

Please add your General Dental Council registration number, date first registered, expiry date and employment start date.

C
Registration Portal 🏠 👤 🔒

---

Categories
Personal Information
Contact Information
Application
Disclosures
Files

Dental Care Professional Application

Please provide your registration number.

---

When did you first register with GDC? 📅

---

When does your registration with GDC expire? 📅

---

When will your employment start? 📅

---

Please select + Add Qualification to add your Professional Qualifications that entitles you to practise in the registered profession and click 'Next'

Professional Qualifications  
Please list your professional qualification/s including any post-graduate qualifications

Qualifications	Name	Year Awarded	Awarding Institution
<input type="button" value="+ ADD QUALIFICATION"/>			

PREVIOUS

NEXT

Please carefully read the following disclosure questions. To answer yes, click on toggle the button

to answer no leave the answer as . If you have answered Yes to any of the questions please provide details in the details section, including approximate dates, of where any investigations or proceedings were brought, the nature of the investigation or proceedings and the outcome, or details of the conviction. click 'Next'

**Registration Portal**

Home | Profile | Lock

---

Categories | Personal Information | Contact Information | Application | Disclosures | Files

**Disclosures**

**Current Disclosure**

- Are you currently subject to an investigation or proceedings which might lead to you being convicted of an offence in Jersey, or elsewhere?
- Are you currently subject to an investigation into, or disciplinary proceedings regarding your professional conduct by an employer?
- Are you currently 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?

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:

Details

---

**Past Disclosure**

- Have you ever been convicted of an offence in Jersey, or elsewhere?
- Have you ever been subject to an investigation, into, or proceedings regarding your professional conduct by an employer?
- Have you ever been subject to an investigation by any licensing, regulatory or other body into your professional conduct?
- Have you ever been subject to an investigation relating into any matter relating to fraud?

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:

Details

---

NEXT

Please click 'Upload Files' to submit a valid form of photographic ID (Passport or Drivers Licence)

Categories | Personal Information | Contact Information | Application | Disclosures | Files

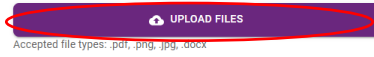
**File Uploads**

Please upload a copy of your photographic ID (passport or driving licence) \*\*

Accepted file types: pdf, png, jpg, docx

- Please click 'Upload Files' to submit a copy of your the GDC Annual Practising Certificate.

Your GDC annual practising certificate \*\*



Accepted file types: pdf, png, jpg, docx

PREVIOUS

FINISH

Click Finish.

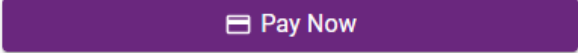
Please tick the declaration box to agree the information provided is true and complete:

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 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.

I agree

Please follow the instructions for payment:

-----  
Please use the button below to continue to the City Pay payment screen.

A purple button with a white card icon and the text "Pay Now".





## Contact Information

1

First Name	Last Name	Email
------------	-----------	-------


## Billing Address

2

Address 1	
Address 2	
Area/City	
Postcode	Country Select a value

## Card Details

3

			
Card Number 	Expiry 	CSC	Name On Card 
The card number as it appears on the front of your card	The <b>expiry date</b> is invalid		This is the name embossed on the front of your card

Once the application has been submitted, the application will be processed by the team. If there is any more information required, the team will contact you. If you have any questions, please contact us. Our contact details are below.

Where can I get further information?

Please contact:

Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8, Church Street, St Helier



# Jersey Care Commission

Jersey JE2 3NN

Tel: 01534 445801

e-mail: [notifications@carecommission.je](mailto:notifications@carecommission.je)

You can amend your details before submitting your application by clicking the blue pen.

The screenshot shows a web application interface. At the top, there are two purple buttons: 'APPLICATION' (partially visible) and 'NEW APPLICATION'. Below these buttons are several horizontal lines representing form fields. At the bottom of the form area, there is a red trash can icon and a blue pen icon inside a red circle, indicating an edit function.