

### IMPORTANT NOTICE

Our legislation has recently changed. You must have a relevant overseas qualification as a Dental Care Professional (DCP) to apply for registration as a DCP. Those who hold a diploma in dentistry only (degree or diploma that qualifies you as a dentist) are no longer eligible to apply for registration as a DCP in the UK.

You can [find out more on our website](#).

# Registering as a Dental Care Professional (DCP) with the General Dental Council

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## Application Form

This application form should only be completed by those who have an overseas Dental Care Professional (DCP) qualification.

If you have hold a:

- UK qualification, please contact the [UK Registration Team](#) for further information.
- If you are a Swiss dental care professional, please contact the [Registration Casework Team](#) for further information.

Your completed application form, accompanying documents and copies should be posted to:

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

Phone: +44 (0)20 7167 6140  
Email: [assessments@gdc-uk.org](mailto:assessments@gdc-uk.org)  
[Contact us](#) online

**Please read this form and [guidance notes](#) before submitting your application.**

You must submit **two bundles**:

1. Original: the first bundle consisting of an **original** application form and **certified** copies (if original documents are not provided) of all supporting documents.
2. Copies: the second bundle consisting of a photocopy of your original application form with copies of all supporting documents. This bundle should not be bound, stapled, placed in plastic wallets or paper clipped.

Both bundles should be separated with a rubber band clearly marked with a cover letter stating 'Original' and 'Copies'. If the application form or accompanying documents are incomplete and/or an additional photocopy is not provided, your application will not be processed and will be returned.

**Please use the checklist below before submitting your two bundles**

- I have read and understood the [guidance notes](#) at the end of this form.

I have included the following supporting documents with my application:

- A completed application form.
  - Primary [qualification certificate](#) (certified copy).
  - My syllabus (validated copy).
  - My passport and/or ID card (certified colour copy).
  - A recent [passport sized photograph](#) signed on the back by my character referee.
  - Original certificate of good standing or certificate of current professional status.
  - Typed, correctly and fully completed, learning outcomes form.
  - Official [translations](#) of any documents which are not issued in English.
  - Original clinical professional reference(s) from employers (signed in ink).
  - Evidence of English language (recent evidence i.e. within the last two years).
  - Evidence of [name change](#) and/or variations of your name on any document provided (if applicable).
  - Copies of Continuing Professional Development (CPD) certificates.
  - A detailed Curriculum Vitae (CV).
  - Any additional documents (please specify):
- .....
- .....

- I have included a photocopy of my application form, and all the above documents (your second bundle of photocopies, see above).

## Section 1: Your details (Please type or complete in pen in BLOCK letters.)

Your name will appear in the register and will be available to the [public on our website](#) or on request. Please see the [guidance notes](#) for further information on how your data is protected. Please note that we may choose to publish your full [registered address](#) in the future.

**Title:**      Mr         Mrs         Ms         Miss

**Last name:** .....

**First names:** .....

**Address:** .....

**Postcode:** .....

**Gender:**      M         F

**Date of birth** (day/month/year): .....

**Nationality** (please see guidance): .....

### Other contact details

Registration Caseworkers will be corresponding with you by email. You can help us to be more efficient by ensuring the email address you provide below is correct and checked regularly. These contact details will not be made available to the public.

**Home phone:** .....

**Work phone:** .....

**Mobile phone:** .....

**Email address:** .....

## Section 2: Basis of application

Please read the [guidance notes](#) before completing your application.

You must complete **one application form for each DCP title** you are applying for.

I am applying for registration as a (please check **one**):

- dental nurse
- dental technician
- clinical dental technician
- dental hygienist
- dental therapist
- orthodontic therapist

### Qualification:

Name of primary [DCP qualification](#) (as listed on qualification certificate or the translation):

.....

Length of training: .....

Country where your training took place: .....

Name of university or training institute: .....

Date qualification granted (day/month/year): .....

- I am applying to be assessed under [Matter C](#) Sections 36C of the [Dentists Act 1984](#) (as amended).
- I have a DCP qualification awarded by a country outside the UK (please see the [guidance notes](#) at the back of this application form).

### Clinical experience:

Have you practised clinically in a role relevant to the DCP title you are applying for in the last five years?

- Yes     No

If the answer is no, the Registrar will take this into account when deciding whether you have demonstrated you have the knowledge and skills required for registration.

## Section 3: English language

The [Dentists Act 1984](#) (as amended) requires the GDC to be satisfied that all applicants have the necessary knowledge of the English language prior to entry to our registers.

Please refer to our guidance on [necessary knowledge of the English language](#), which sets out the types of evidence we will accept and the process we will follow. Please ensure your English language evidence is recent, by that we mean within the last two years.

- I confirm I have provided recent (within the last two years from application) and objective evidence that I can read, write and interact effectively in English with patients, relatives and other healthcare professionals in relation to my role as a dental professional.**
- I confirm I have read and understood the English language requirements.**

Check the option relevant to your evidence below, and provide the additional details as appropriate.

- International English Language Testing System (IELTS) Certificate (Academic).**

IELTS Test Report number: .....

Date of test: .....

- A recent primary DCP qualification that has been taught and examined in English.**

Qualification: .....

Date awarded: .....

- A recent pass in a language test for registration with a regulatory authority in a country where the first and native language is English.**

Language test: .....

Regulatory authority: .....

Date of test: .....

- Recent experience of practising in a country where the first and native language is English.**

Country: .....

Dates of practice: .....

- Other (please provide details in the box below):**

## Section 4: Previous occupation before entry to the register

This section should be completed by all applicants. Please see [guidance notes](#).

1. Have you been working as a dental professional outside the UK 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 dental professional in the UK during the time you were not registered with the GDC?

Yes    No

3. If you answered 'yes' to question 2 above, please confirm whether this was during a period where you were a student/trainee dental nurse or student/trainee dental technician in the UK? (Please see the **note\*** below.)

Yes    No

(**Note\***: to be considered as a student/trainee dental nurse or student/trainee dental technician in the UK, you must have been enrolled and have completed a recognised programme that led to GDC registration, or studying on a recognised programme that will lead to GDC registration. You will find a list of [recognised courses](#) on our website.)

*If you answered 'yes' at question 2 and 'no' at question 3, please enclose a letter setting out your reasons as to why this happened, as you may be practising without registration. You are advised to contact a solicitor or defence organisation (indemnifier) before submitting your application.*

## Section 5: Character reference

**Your character referee cannot be a relative. Your character referee must also sign the back of your passport photograph certifying it is a true likeness of you.**

We will use the information provided in this section to assess your fitness for registration and to confirm your identity. Your character and identity reference can be completed and signed (ink) by:

- the head of your dental training school or their nominee, or
- the person responsible for supervising your training, or another person of professional standing (in any country) including a dentist, doctor, a person entitled to practise law, or a minister of religion, who has known you for at least 12 months.

Full name of applicant: .....

Full name of referee: .....

Profession of referee: .....

GDC registration number of referee (if applicable): .....

Address of referee (*please give the address where you're employed in your professional capacity*):

Postcode: .....

Work telephone: .....

Email address: .....

### Declaration:

- I certify I am not a relative of the applicant. I have known the applicant for at least 12 months, and they are the person they declare themselves to be, and (select **one** option below).
- I am satisfied to the best of my knowledge that 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 provide full details, use a separate sheet if required.)

Signed: ..... Date: .....

**Please note: this reference is only valid for three months from the date it was signed.**

**PLEASE LEAVE THIS PAGE BLANK**



## Section 6: Self-declaration (See [guidance notes](#).)

**1. Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974?**

*Note: Reference to convictions under the Rehabilitation of Offenders Act 1974 includes those convictions received outside of the UK.*

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 you would want the Council to be aware of in consideration of your application.*

**2. Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975?**

*Note: Dentists and Dental Care Professionals are exempt from the Rehabilitation of Offenders Act 1974. You must therefore tell us about any convictions or cautions, including those that are considered 'spent' under this Act UNLESS they are also considered 'protected' as defined under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Please see guidance notes for further information.*

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 you would want the Council to be aware of in consideration of your application.*

**3. Are you currently the subject of any criminal investigation(s) which might lead to a conviction or a caution in the UK or any other country?**

Yes  No

**4. To the best of your knowledge, have you been or are you currently subject to any disciplinary proceedings or investigations by a regulatory or licensing body in the UK (including the GDC) or any other country, including student fitness to practise?**

Yes  No

Before answering the next two questions, please read the [health self-certification guidance](#).

**5. 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

**6. 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 health condition on a separate sheet.*

*Should the GDC have 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' the statements at questions 5 and 6 above, please provide the full name and contact details (if applicable) for your occupational health practitioner and/or any other medical practitioner.*

Full name of practitioner: .....

Contact details: .....

Before answering the next question, please refer to the [guidance notes on indemnity](#).

**7. The Dentist 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.*

**8. Declaration by all applicants:**

- I understand the GDC may contact my character referee and any health practitioners whose names have been provided.
- I acknowledge my professional registration will be at risk if I knowingly make a false statement in this declaration or if I act in any way which is incompatible with it. I accept that should a question as to whether or not I have acted in accordance with this declaration 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 [GDC's standards](#) and [health self-certification guidance](#), and I will adhere to this guidance.

Signed: ..... Date: .....

## Section 7: Payment

When your application is received, you will be contacted to pay the [registration application fee](#) (for the processing and assessment of your application).

The [registration fee](#) (paid at first registration and then annually as part of the annual renewal of your registration) will **only** be taken if your application is for registration is successful.

You will find the current [registration application fees](#) and [registration fees](#) on our website.

**Only credit and/or debit card payments can be made on our e-payment portal.**

To pay by credit card or debit card you must have access to the internet and have an accessible email account.

We will notify you by email when you need to [make your payment](#).

Please provide your contact details for the purposes of requesting payment. Check your email account regularly and contact us if your email address or phone number changes. You can also update your details at any time in your [eGDC account](#).

You will be asked to make your payment within 14 days of receiving the request form. If you do not make this payment, your application may be delayed or returned to you.

**Email address:**

.....

**Preferred contact telephone number:**

.....

**PLEASE LEAVE THIS PAGE BLANK**

## Equality monitoring form

The GDC is committed to championing equality, diversity and inclusion inside our organisation, with the sector we regulate, and the public. Completing the questions below will help to ensure that the way we work is fair and does not discriminate against individuals or groups.

Giving us this information is voluntary. We use the data we collect to assess the impact of our activities on diversity, equality or inclusion. If you do not wish to complete any or all the questions below, please select 'Prefer not to say'.

Your information will be kept safe and only used in a way that meets the requirements of the [UK General Data Protection Regulation](#) and [Data Protection Act 2018](#). Under these laws, you have various rights in connection with the personal data we hold. These include the right to:

- request a copy of your personal data
- object to it being processed
- request its deletion.

More information about your rights along with how we will use your data, how long we retain your data, our Data Protection Officer, and our complaints process can be found in our [Privacy Notice](#).

### What is your sex?

- Female
- Male
- Prefer not to say

### Is the gender you identify with the same as your sex registered at birth?

- Yes
- No, please specify: .....
- Prefer not to say

### Do you consider yourself to have a disability?

The Equality Act 2010 defines disability as a physical or mental impairment which has substantial long-term adverse effect on a person's ability to carry out normal day to day activities.

- Yes
- No
- Prefer not to say

Continues over the page...

**What is your legal marital or registered civil partnership status?**

- Never married and never registered in a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a registered civil partnership
- Prefer not to say

**Who is (was) your legal marriage or registered civil partnership to?**

If you answered, 'Never married and never in a registered civil partnership' or 'Prefer not to say', please skip this question and go straight to the next one.

- Someone of the opposite sex
- Someone of the same sex
- Prefer not to say

**What is your religion?**

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please specify:.....
- Prefer not to say

**Which of the following best describes your sexual orientation?**

- Straight/heterosexual
- Gay/lesbian
- Bisexual
- Other sexual orientation, please specify:.....
- Prefer not to say

The final question is over the page...

**What is your ethnic group?**

**White**

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background, please specify: .....

**Mixed, or multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed or multiple background, please specify: .....

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please specify: .....

**Black, Black British, Caribbean or African**

- Caribbean
- African background, please specify: .....
- Any other Black, Black British, African or Caribbean background, please specify:  
.....

**Other ethnic groups**

- Arab
- Any other ethnic group, please specify: .....
  
- Prefer not to say

**Thank you.**

**PLEASE LEAVE THIS PAGE BLANK**



## Guidance notes

Please read these guidance notes carefully before submitting your application form. If you submit an incomplete application or do not include supporting documents as specified, your form will be returned unprocessed.

### Route to DCP registration for those with qualifications from outside of the UK

Your application will be considered under Matter C, Sections 36C of the [Dentists Act 1984](#) (as amended). Matter C is applicable to persons with a DCP qualification awarded by a country outside of the UK. To be eligible to apply under this route to registration, you should:

- Have been awarded a DCP qualification outside the UK.
- Be able to provide evidence that you have the requisite knowledge and skill to practise as a DCP.

Please note that it is an offence under Section 39 of the Dentists Act 1984 (as amended) to use a DCP title without being registered with the GDC.

### Specific documents to be provided

All copied documents must be [certified as true copies](#) of the original. Any documents not issued in English must be [translated according to the standards set out below](#).

Please ensure you include the following:

- A fully completed, signed (in ink), and dated application form.
- A typed completed learning outcomes form for each DCP title for which you make an application (you must have a separate application form for each title). All sections must be completed in full. If a particular learning outcome has not been covered during your primary dental training and/or postgraduate study or training, please state 'not covered'.
- A certified **colour** copy of your valid passport. This document must clearly show your photograph, name, date of birth, expiry date, nationality, and machine-readable zone (MRZ).
- A recent [passport sized photo](#) signed by your character referee on the back.
- A certified copy of your DCP qualification certificate, with a [translation](#) if required.
- A certified copy of the transcript of marks which accompanied your qualification certificate.
- A validated syllabus (curriculum) from your dental school supporting your DCP qualification. The syllabus should specify the course dates and the qualification obtained. Detailed evidence of how training was provided during the entire period of your course should also be included. Please ensure this document is [translated](#) into English if required. *If you are unable to provide any of these documents, please follow the guidance in the section [Evidence of qualification](#).*
- An original certificate of current professional status or certificate of good standing. This document is issued by the regulatory body of the country where you last practised. If your profession is not regulated in the country where you last worked **overseas**, the certificate must be provided by your last employer or your dental school. For the purposes of your application, we only consider this document to be valid for three months from the date of issue, and it must be valid at the point of registration.

- Two original professional clinical references, detailing your clinical experience as a DCP must be provided. If you recently qualified, please obtain references from your dental institution. References must be not more than two years' old, submitted on the employers' letterhead paper, and **must** include the following information:
  - when and where you worked
  - the procedures you carried out
  - the knowledge and experience you gained
  - the level of skill when undertaking your work within your role, and whether this was supervised or unsupervised.
- Evidence of English language competence. Please refer to our guidance on [English Language Controls](#) for guidance about the types of evidence we are likely to accept to demonstrate necessary knowledge of the English language.
- Certified copy of a [change of name document](#) such as marriage certificate, if required. This must be accompanied by an English [translation](#) if it is not issued in English.
- Evidence of [change of name](#), if the names on your documents are not the same. This must be accompanied by an authorised English [translation](#) if it is not issued in English.
- Continuing Professional Development (CPD) certificates. Please review our [recommended CPD topics](#) on our website. Please number your CPD certificates and enclose an index.

**Two bundles of your documents are required. Please see the [guidance about submitting document bundles](#) at the top of this application form.**

### **Certified copies of original documents**

Our guidelines for the certification of copies of original documents are:

- The document should be a first generation photocopy (i.e. a photocopy of the original document, not a photocopy of a photocopy or a fax).
- The person certifying the copy of the document should be a:
  - Notary Public
  - Commissioner of Oaths
  - Justice of the Peace
  - lawyer
  - solicitor, or
  - an authorised official of an embassy or consulate.
- The person certifying the copy must confirm, in English writing, that they 'have inspected the original document' and that the copy of the document that they are certifying is 'a true copy of the original document'.
- The person certifying the copy must also write on the copy their full name, address, and if they do not have an official stamp, their professional status. They must then sign the copy.
- The person certifying the document cannot be an applicant themselves, a relative, their partner/spouse, even if they are professional with the status listed above.

### **Returning original documentation**

We advise against sending original documents such as your passport or qualification certificate. The GDC does not take any responsibility for documents that are lost in the post. It is at your own risk if you decide to send original documents with your application form.

At the end of the application process, you will be asked if you would like your [original bundle](#) returned to you. We will only return original documents, not copies provided. We charge a postage administration fee of £10 for this service.

## Translation

Any document that is not in English must be translated according to the following standards:

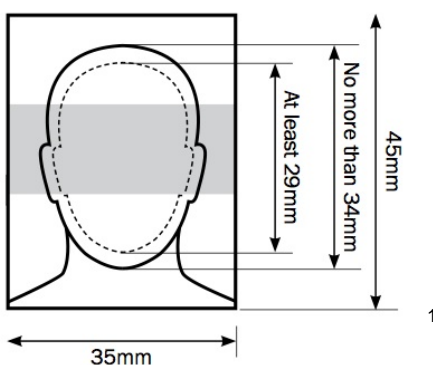
- The certified translation must be produced by a qualified translator.
- The translation must be attached to a photocopy of the translated document.
- The translator must confirm, in English writing, that the translation is an exact translation of the copy attached.
- The translator must provide their contact details (i.e. name, signature, and address).
- We will not accept a translation of a translation (e.g. a Polish diploma translated into German, then from German to English is not acceptable).

## Passport photograph

Please provide a recent passport sized photo, which has been signed on the back of the photograph by your character referee to certify that it is a true likeness of you.

Your photograph must be professionally printed and 45 mm high x 35mm wide. This is the standard size used in passport 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
- must be between 29mm x 34mm high, from the crown of your head to your chin (see below).



Please submit a certified copy of your valid passport. Your copy should clearly show your photograph, your personal details, and the expiry date of this document. If your passport expires during the application process, you will be asked to provide a current and valid identity document before you can be registered.

<sup>1</sup> Reproduced under the Open Government Licence V3.0

The copy of your valid passport or identity document must be a colour photocopy on an A4 sized page and needs to be [certified according to our standards](#). Only one type of identity document should be provided on a single page. If you are submitting two types of identity documents, these should appear on two separate pages. Also please ensure:

- The image is clear.
- That the certification provided does not overlap any of the details.
- The machine-readable zone (MRZ) (passports) is clearly shown.

### Evidence of name change

If your name is not the same on all documents you submitted, evidence of change of name must be provided, and if not issued in English, be accompanied by an authorised English [translation](#).

### Evidence of qualification

All applicants must provide evidence of their DCP qualification and training by submitting:

- a certified copy of their qualification certificate, and
- a detailed course curriculum or syllabus from the university or institution which awarded your qualification. It must be on the official stationery of your dental training school and must be signed by an authorised official from the institution. The document must detail:
  - which subjects you studied during your training course
  - the duration of the course
  - any practical training carried out, and
  - methods of assessment and examination.

If you're unable to provide a course syllabus from the year that you qualified, you may submit a **current** detailed syllabus of the same dental course from the college or university where you qualified. **This must be accompanied by a letter from the course provider or head of department outlining the differences (if any) in the course from the year you qualified to the current syllabus.**

If you are unable to obtain a syllabus, you may provide a detailed letter from the course provider or head of department of the college or university where you qualified, outlining details of:

- the subjects you studied
- any practical training carried out, and
- methods of assessment and examination used.

This document **must** include a detailed breakdown of the subjects you studied as part of your course, including, under each subject, information on whether the training was practical or theoretical, and the number of hours each subject was studied. Please note this document must be on the official stationery of your dental training school and must be signed by an authorised official or it will not be accepted for assessment.

### Previous occupation before entry to the register (working abroad)

If you have been working abroad as a dental professional before your first registration with the GDC, you must provide an original certificate from the dental authority of the country in which

you were last working as a dental professional, which states that you are legally entitled to practise and that you have not been suspended, disqualified, or prohibited from working as a dental professional.

This document **cannot be more than three months old** at the time of your application.

## Self-declaration guidance

As dental professionals are exempt from the provisions of the Rehabilitation of Offenders Act 1974, you must tell us about any previous convictions or cautions, including those considered 'spent', unless those spent convictions or cautions are considered 'protected' by virtue of the amendments to the [Rehabilitation of Offenders Act 1974 \(Exceptions\) Order 1975](#) (2013 and 2020).

These amendments provide that when applying for certain jobs and activities, which includes to join the register of dentists or dental care professionals, certain convictions and cautions are considered 'protected'. This means that after a certain period of time has elapsed, individuals no longer need to disclose 'protected' convictions or cautions to employers, and if they are disclosed, employers cannot take them into account.

Please note that not all convictions or cautions are automatically considered 'protected' under the legislation once they are deemed 'spent'. [Guidance about whether a conviction or caution is protected or should be disclosed](#) can be found on the UK Government website.

Cautions and convictions for 'listed offences' must always be disclosed to us as they are not protected under the legislation. 'Listed offences' include serious violent and sexual offences which are of specific relevance to the safeguarding of children and vulnerable adults.

Please note for the purposes of calculating protection periods in relation to disclosure for all applicants, the GDC follows the requirements that are set for England and Wales.

A caution is protected if either of the bullet points apply:

- You were under 18 years at the time the caution was given.
- You were 18 years or over at the time the caution was given, it was given for an offence other than a listed offence and six or more years have passed since the date the caution was given.

A conviction is protected if all bullet points apply:

- it is not for a listed offence
- you did not receive a custodial sentence, and
- more than 11 years have passed since the date of conviction (or more than five years and six months have passed if you were under the age of 18 when convicted).

We also need to know if you have been the subject of any professional disciplinary proceedings in the past, or any are being contemplated against you, by a regulatory or licensing body in the UK or any other country. Such bodies include NHS England, NHS Scotland, NHS Wales and Health and Social Care Northern Ireland.

You will also need to advise the GDC of any pending prosecutions, or future criminal proceedings and/or investigations.

We will treat the information you provide in confidence. We will only use it to assess your fitness for registration and will only refuse registration on the basis of this information if we are not satisfied about your fitness to practise and/or good character. If you make a false declaration or statement, we may refuse your application for registration and/or you may be subject to fitness to practise proceedings.

## Health self-certification guidance

Please read the [GDC Health self-certification guidance](#) before completing the questions relating to your health. You must inform the GDC of any condition present which might impair your fitness to practise. Having such a condition will not necessarily mean refusal.

If we are satisfied that you are correctly managing any relevant health condition by taking steps to avoid risk to your patients and ensuring you can perform your job safely, you will not be refused registration on health grounds.

The GDC may refuse to register someone with a serious impairment (for example, substance abuse) who cannot be trusted to self-regulate, although those in this position may reapply if their condition improves.

You should tell us about any relevant health 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.

## Indemnity guidance

It is a legal requirement for all dental professionals to have insurance or indemnity cover.

We understand that those who are not yet registered with the GDC will not have insurance or indemnity cover in place. The declaration on our application form is to confirm you **'will have'** indemnity cover in place by the time you start to practise dentistry in the UK.

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.
- NHS/Crown indemnity.

Your insurance or indemnity cover must be appropriate to the areas of your practice. If you are relying on arrangements made by your employer, you must check the indemnity position with them. All registrants must know the details of their indemnity cover when they start practising and be able to provide these to the GDC if requested.

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 you may be subject to [fitness to practise proceedings](#) and removed from the GDC register.

More information on [insurance or indemnity cover](#) is available on our website.

## Data protection

Under the [UK General Data Protection Regulation](#) and data protection law, the GDC processes personal data, like the information in your application, because it is necessary in the exercise of our statutory functions and is in the public interest.

Information about how the GDC will use, share, and store the information you give us, your rights in connection to the personal data we hold about you, and how long we will keep your information, can be found in our [Privacy Notice](#).

## Registered address

The address you provide will be where we send all official correspondence. It is important that it is an address where you can access your post regularly.

You must ensure you keep your registered address up to date. You can update your own records via your eGDC account or [contact us](#) online. We are not liable for any correspondence that is not received due to us having an incorrect address on our records.

## Publication of your personal details

We are required by law to keep a public register of those who are registered to practise dentistry in the UK. The [GDC register is published on our website](#). The register contains names and other details about those who are registered which we're required to make public.

Registered addresses are not public information, but the GDC may choose to publish your full registered address in the future. Therefore, we recommend that your registered address is either a business or a practice address.

Formal notices issued by the GDC will be sent to your registered address, so please ensure that you have access to correspondence at this address at all times.

## Assessing your application to register

We appoint an independent assessment panel to make recommendations to the Council's Registrar for decisions on whether applicants have the requisite knowledge and skills required for registration in the UK. Our panels meet once a month to review and make recommendations on applications.

## Notification of the outcome of your application

We will acknowledge receipt of your application within 10 working days of receiving your documents. If any further information is needed, we will get in with contact you.

The Council has a maximum of **six months** from the date the **completed** application is received to notify you of the Registrar's decision. You will be notified in writing of the decision within four to six weeks of your application being assessed by the panel.

If you do not agree with the Registrar's decision, you have the right to appeal this decision and information on how to appeal will be sent to you with the notification.

## Payment

Payment of registration application fees (for costs associated with processing and assessment of your application) will be requested when we receive your application.

Further, a *pro rata* [registration fee](#) will be requested on approval of your application. The amount to be paid depends on the month in which you register. If your application is approved in June or July, you will also be required to pay the [Annual Retention Fee](#) (ARF) for August in that year.

If added to the GDC Register, your period of registration will last until 31 July the following year.

## Certificate of registration

When you have registered, you will be sent an information pack, which will include your certificate of registration. This will also be available for download from your [eGDC account](#).

## Sending in your application

Please return your completed application form, together with your two bundles, to:

Registration Team (new registrations)  
General Dental Council  
1 Colmore Square  
Birmingham  
B4 6AJ