

Certificate of Good Standing

For this document to be accepted it *must* be:

- certified by a regulatory body, or your last employer
- relate to the title relevant to the application
- not be older than three months, from the date of issue to when your application is received
- be provided in its original form.

Submit with your application, or separately to:

Registration Team (DCP Assessments)
General Dental Council
1 Colmore Square
Birmingham, UK
B4 6AJ

For enquiries about this document:

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

I (*full name, job title, and address*):

Email address:

certify that (*full name of applicant*):

has been employed by (*full name and address of the organisation*):

In the position of (*check the one applicable*):

- | | | |
|--|--|---|
| <input type="checkbox"/> dental nurse | <input type="checkbox"/> dental hygienist | <input type="checkbox"/> dental therapist |
| <input type="checkbox"/> orthodontic therapist | <input type="checkbox"/> dental technician | <input type="checkbox"/> clinical dental technician |

From (*date*): To (*date*):

and to the best of my knowledge they have not been the subject of a disciplinary investigation, and nothing is known to the detriment of their professional or private character.

Signature: **Date:**

Data Protection

Under the UK General Data Protection Regulation and Data Protection law, the GDC processes personal data, like the information in this document, because the processing is necessary for the exercise of the GDC's statutory functions; and the processing is also in the substantial public interest.

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