



THE MEDICAL AND HEALTH ACT 1997

**APPLICATION FORM for REGISTRATION or LISTING
(PART II - DENTAL PRACTITIONERS)**

(to be completed in block capitals using black ink or typewritten)

Personal details

Surname First Name(s)
 Date of Birth : dd□□ - mm□□ - yyyy□□□□ Nationality
 Address for correspondence
 Phone (1) (2)

Registration

Complete only ONE of the following three boxes

R1 FOR DENTISTS QUALIFIED IN THE UK	<i>Yes</i>	<i>No</i>
My dental qualification was obtained in the United Kingdom	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, Enter GDC Registration Number <input type="text"/> and Date of Expiry <input type="text"/>		

R2 FOR DENTISTS QUALIFIED IN AN EEA STATE
My dental qualification was obtained in the following EEA State <input type="text"/>
Date of qualification <input type="text"/> Date of Professional Registration <input type="text"/>
Registration Number <input type="text"/> Date of Expiry <input type="text"/>
Name of Registering Body <input type="text"/>

R3 FOR DENTISTS QUALIFIED FROM ELSEWHERE	<i>Yes</i>	<i>No</i>
Name of dental school <input type="text"/>		
Name of Registering body <input type="text"/>		
Registration Number <input type="text"/>		
I possess a certificate from the GDC (UK) stating that I am registrable	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, Enter date of certificate <input type="text"/> Certificate enclosed	<input type="checkbox"/>	<input type="checkbox"/>

Listing as a Visiting EEA Dentist

FOR DENTISTS QUALIFIED IN AN EEA STATE (but not UK)	<i>Yes</i>
I wish to apply to be listed as a Visiting EEA Dental Practitioner	<input type="checkbox"/>
I wish to practise in Gibraltar From (date) <input type="text"/> To (date) <input type="text"/>	
I intend to provide these services: (use separate sheet if necessary) <input type="text"/>	

Proposed address of practice in Gibraltar

The Gibraltar Medical Registration Board



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Qualifications (Please include all professional qualifications and state the year obtained)
List in date order, appending an extra sheet if necessary

Qualification	Dental / Medical School	University/ Awarding body	Year

Post-Qualification experience (including Pre-Registration posts)

List in date order, appending an extra sheet if necessary

Title of Post	Specialty/Discipline	Hospital/Dental School	From	To

List of Enclosures

I have enclosed the following documents (Please tick all the boxes that apply. Add any others.)

- | | |
|--|--------------------------|
| Registration Fee of £50 | <input type="checkbox"/> |
| Certificate of Registration with the GDC (UK) | <input type="checkbox"/> |
| Certificate of Registration in another EEA country | <input type="checkbox"/> |
| Notary attested copy of Passport or Identity document | <input type="checkbox"/> |
| Original Diploma of primary dental qualification | <input type="checkbox"/> |
| Original certificate of entitlement to practice as a dental practitioner | <input type="checkbox"/> |
| | <input type="checkbox"/> |

Declarations

I declare ...

Please tick one appropriate box on each line

- | | | |
|--|--------------------------|--------------------------|
| ... that I am aware of and will comply with the provisions of the Medical & Health Act 1997. | <input type="checkbox"/> | <input type="checkbox"/> |
| ... that I have not been convicted of a criminal offence and there are no criminal charges outstanding against me nor do I know of any circumstances which may give rise to my being charged with a criminal offence | <input type="checkbox"/> | <input type="checkbox"/> |
| ... that I have not been found guilty of professional misconduct and there are no allegations outstanding against me, nor am I aware of any circumstances which may give rise to any such allegations | <input type="checkbox"/> | <input type="checkbox"/> |
| ... that I have not been prohibited from practising my profession by any responsible authority | <input type="checkbox"/> | <input type="checkbox"/> |
| ... that as far as I am aware, I am not suffering from any illness or incapacity which could impact on my ability to undertake my duties | <input type="checkbox"/> | <input type="checkbox"/> |
| ... that all the information supplied in this form is correct | <input type="checkbox"/> | <input type="checkbox"/> |

**Note : (1) If any answer is NO, provide full details including the name of Court (or Tribunal), dates and findings.
(2) to procure registration by making false representation is classified as an offence under Section 75 of the Medical and Health Act 1997**

Signed

Date



NOTES TO ASSIST WITH APPLICATIONS FOR REGISTRATION AS A DENTIST

These notes are offered for guidance and should not be construed as interpretations of the law.

The following documentation must be enclosed with the application:

1. Registration Fee (£50 for new applicants and £50 for renewals - cheques payable to Government General Account).

This fee is waived for applicants employed by the Gibraltar Health Authority or the Ministry of Defence, who are already registered with the GDC. The registration fee applies to the twelve month period commencing from the date of registration. Part of the fee may be refundable if this application for registration is not successful.

2. Certificate of Registration with the General Dental Council (UK).

A copy of the current and valid certificate of Full Registration with the GDC must be enclosed. Certificates will be subject to verification procedures with the GDC.

3. Applicants not registered with the General Dental Council of the United Kingdom (GDC) must provide:

- a) notary attested copy of the original valid passport or identity card as evidence of nationality.
- b) the original diploma(s) issued by the university or other body granting the primary dental qualification.
- c) original certificate issued by the dental authorities of the State where qualification took place, stating that the applicant is legally entitled to practise medicine in that State
- d) certification from dental authorities of all States where the applicant has practised after qualification, attesting that the applicant has not been suspended, disqualified or prohibited from such practice. If the applicant has worked in another EEA Member State at any time in the two years preceding the application a similar certificate from these countries will be required.

4. Applicants registered with the Dental Authorities in a EEA State may be Listed:

- a) Visiting dental practitioners who are established in dental practice within an EEA country may be Listed to practise as a Visiting EEA Dental Practitioner without being registered, as provided for by Schedule 7 of the Medical and Health Act 1997. All EEA dental practitioners must provide:
 - i) notary attested copy of the original valid passport or identity card as evidence of nationality.
 - ii) the original diploma(s) issued by the body granting the primary dental qualification.
 - iii) original certificate issued by the dental authorities of the EEA State where qualification took place, stating that the applicant is legally entitled to practise dentistry in that State
 - iv) certification from dental authorities of all States where the applicant has practised after qualification, attesting that the applicant has not been suspended, disqualified or prohibited from such practice.
- b) Entry into the List is only valid for the period(s) specified in the application and if these change, a new application needs to be submitted to the Board.

5. General rules:

- a) Registration will be granted for a period of one year, renewable after this on application.
- b) All documents not in English must be accompanied by a notary attested translation into English.
- c) Overseas applicants unable to produce all the documents, may submit a partial application prior to their arrival in Gibraltar, although registration will only be granted upon the full application.
- d) The Board may at its discretion require additional information beyond that required by this form to consider this application.

6. EEA States whose Qualifications are recognised by the Board:

Primary dental qualifications of Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Republic of Ireland, Italy, Liechtenstein, Luxembourg, Norway, The Netherlands, Portugal, Spain and Sweden are recognised by the Board under Section 9(4) of the Medical and Health Act 1997. Details of these qualifications are listed in Schedule 3 of the same. Note that applicants holding dental qualifications other than those included in the above list cannot be Listed and should apply instead for Registration as a dental practitioner if they wish to practice in Gibraltar.

Certain primary dental qualifications of other countries may be recognised by the Board for Registration on the basis of equivalence with registrability by the GDC. In these cases a certificate from the GDC certifying that the qualification is fully registrable in the UK may support the application.