

**AN CHOMHAIRLE FIACLÓIREACHTA
DENTAL COUNCIL**

57 Merrion Square, Dublin 2. Telephone (01) 6762069, 6762226

FOR OFFICE USE ONLY	Registration Number;	
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APPLICATION FORM FOR THE REGISTER OF DENTAL NURSES

Registration Details

(Please complete in BLOCK letters)

Applicants name in full _____

Place of Birth (Country) _____ Date of Birth _____

Email Address _____
Your email address will be used to contact you throughout the registration process.

Address for inclusion in the Register

(Please note that you are required to supply an address for inclusion in the Register. The Register is public information and, therefore, you may want your practice address listed)

Qualification held by the applicant which confers entitlement to registration in the Register of Dental Nurses.

Qualification (title of award) _____

Granting Authority/University _____

Date Granted _____

I declare that the foregoing particulars in respect of my application are correct and that I have not been previously registered in the Register of Dental Nurses.

Signed _____ Date _____

It is an offence for a person to make a false declaration for the purpose of obtaining registration. Any person who furnishes or attempts to furnish fraudulent or altered documents/certificates may be prosecuted.