

**AN CHOMHAIRLE FIACLÓIREACHTA  
DENTAL COUNCIL**

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

<b>FOR OFFICE USE ONLY</b>	Registration Number;	
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**Registration Details**

(Please complete in BLOCK letters)

I hereby apply to be registered in the Register of Dentists for Ireland under the provisions of Section 27 of the Dentists Act, 1985.

Applicant's surname/family name \_\_\_\_\_

Applicant's first name/s \_\_\_\_\_

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)

Email address \_\_\_\_\_

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

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Place of birth \_\_\_\_\_

**Qualification**

List the qualification you hold which confers entitlement to registration in the Register.

Title of qualification \_\_\_\_\_

Granting Authority/ University \_\_\_\_\_

Date Granted \_\_\_\_\_

## Character Reference Form

To be completed by the **Head/Dean** of your dental training school, if you are applying for registration within one year of graduation.

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Applicant's name;

FIRST NAME
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OTHER NAMES
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SURNAME
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Please circle one of the following;

(a) I wish to state that to the best of my knowledge this applicant is of good character and fit for registration with the Dental Council.

or

(b) The Dental Council should be aware of the following details of the character of this applicant which might affect his/her suitability for registration;

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_ DD/MM/YYYY

Stamp of Dental Training School
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**Employment Record**

You must provide a clear and detailed work history from the time you graduated up to date. If you are unable to provide this clearly in the space below, please include a typed and signed work history with your application.

<b>Dates</b> <b>From - To</b> Please format all dates as DD/MM/YYYY	<b>Full Name and Address of Practice or Employer</b>	<b>Grade or title you practised under, in each position listed</b>

**Declaration by applicant**

I declare that the foregoing particulars are correct and that I have not been previously registered in the Register of Dentists.

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.