

**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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**Restoration Details**

(Please complete in BLOCK letters)

**I, the undersigned,**

Full name in block letters \_\_\_\_\_

of (address in full) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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)

**do declare as follows;**

**I am the person originally registered as**

- please supply the full name you registered under, if it differs from above;

\_\_\_\_\_

You must provide documentary evidence of your name change if your name now differs from the name you were originally registered under. (For example; copy of marriage certificate)

- same as stated above

**and hereby apply for the restoration of my name to the Register of;**

(Please tick the title of the Register you are applying to restore your name to)

- Dentists**
- Dental Hygienists**
- Dental Nurses**
- Clinical Dental Technicians**
- Orthodontic Therapists**

**Employment Record**

You must provide a clear and detailed work history from the time you resigned, were suspended or were erased from the Register. 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>

Email address \_\_\_\_\_  
Your email address will be used to contact you throughout the restoration process.

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

**Date:** \_\_\_\_\_