

Important information

Applications completed by hand must be legible. Those deemed to be illegible will be returned.

Section 1 – Register Details

What Register are you applying for?

Dentists

Dental Hygienists

Dental Nurses

Orthodontic Therapists

Clinical Dental Technicians

Section 2 - Registration details

If your name on your identification and your name on your qualification or other documentation differ, you must provide evidence of your name change. For example: if you changed your name after marriage, a copy of your marriage certificate should be provided.

Forename		
Surname / Family name		
Other name/s		
Date of birth		Dates must be formatted as DD/MM/YYYY
Gender		
Place of birth (Country)		
Please list all countries where you hold a passport.		
Nationality		
Citizenship		

Section 3 - Address for inclusion in the Register

Once registered you can change your address in the Register by simply mailing us at info@dentalcouncil.ie with your request. It is important that you can be contacted at the address you provide.

Please be aware that, once registered, your address in the Register of Dentists is public information.

Address line 1	
Address line 2	
Address line 3	
Address line 4	
Eircode	
Country	

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

Email address	
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Section 4 – Qualification details**Primary Qualification**

The details required here relate to the qualification that you obtained to qualify in your profession. For dentists this would be your 5+ year training program. For other Dentalcare Professionals, this would be the qualification that awarded you with your professional title.

Title of your qualification			
Granting authority/ university			
Location of the university (city and Country)			
Date of award		Dates must be formatted as DD/MM/YYYY	
Duration of program	Years	and Months	

Did you complete your entire qualification in the above university?	Yes	No
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If you answered “no” to the above question, please give further details here

Is there any additional information that you think we need to know about your training program?

Internship

Did you complete an internship as part of your qualification?	Yes	No
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If you answered yes above, please complete this section in full.
If you answered no above, skip ahead to Section 5 -Work history

What was the duration of your internship?	Years	Months	Weeks
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Where did your internship take place?

Is there any additional information that you think we need to know about your internship?

Section 5 - Work history

You must provide a complete account of your work history from the time qualified with your primary qualification. If there are gaps in your work history greater than 2 months, you should provide an explanation for this. For example; a career break, unemployed or care giving. Incomplete information in your work history may lead to a delay in processing your application.

Name of practice		
Address line 1		
Address line 2		
Address line 3		
Country		
Start date		Dates must be formatted as DD/MM/YYYY
Finish date		Dates must be formatted as DD/MM/YYYY
Job Title		

Details of your duties:

Name of practice		
Address line 1		
Address line 2		
Address line 3		
Country		
Start date		Dates must be formatted as DD/MM/YYYY
Finish date		Dates must be formatted as DD/MM/YYYY
Job Title		

Details of your duties:

Name of practice		
Address line 1		
Address line 2		
Address line 3		
Country		
Start date		Dates must be formatted as DD/MM/YYYY
Finish date		Dates must be formatted as DD/MM/YYYY
Job Title		

Details of your duties:

Name of practice		
Address line 1		
Address line 2		
Address line 3		
Country		
Start date		Dates must be formatted as DD/MM/YYYY
Finish date		Dates must be formatted as DD/MM/YYYY
Job Title		

Details of your duties:

Name of practice		
Address line 1		
Address line 2		
Address line 3		
Country		
Start date		Dates must be formatted as DD/MM/YYYY
Finish date		Dates must be formatted as DD/MM/YYYY
Job Title		

Details of your duties:

Name of practice		
Address line 1		
Address line 2		
Address line 3		
Country		
Start date		Dates must be formatted as DD/MM/YYYY
Finish date		Dates must be formatted as DD/MM/YYYY
Job Title		

Details of your duties:

Name of practice		
Address line 1		
Address line 2		
Address line 3		
Country		
Start date		Dates must be formatted as DD/MM/YYYY
Finish date		Dates must be formatted as DD/MM/YYYY
Job Title		

Details of your duties:

Name of practice		
Address line 1		
Address line 2		
Address line 3		
Country		
Start date		Dates must be formatted as DD/MM/YYYY
Finish date		Dates must be formatted as DD/MM/YYYY
Job Title		

Details of your duties:

Section 6 – Registration history

At any time during your career, if you had to register with a competent authority to practice your profession, you must list it here.

A Competent Authority is an organisation that you are required to register with in order to practice your profession in a particular jurisdiction. For example: the Dental Council of Ireland is the competent authority for the dental profession in the Republic of Ireland. These are usually the organisations that set out scopes of practice and look after professional misconduct.

Name of competent authority		
Address line 1		
Address line 2		
Address line 3		
Country		
Initial registration date		Dates must be formatted as DD/MM/YYYY
Registration cessation date		Dates must be formatted as DD/MM/YYYY
Name of competent authority		
Address line 1		
Address line 2		
Address line 3		
Country		
Initial registration date		Dates must be formatted as DD/MM/YYYY
Registration cessation date		Dates must be formatted as DD/MM/YYYY
Name of competent authority		
Address line 1		
Address line 2		
Address line 3		
Country		
Initial registration date		Dates must be formatted as DD/MM/YYYY
Registration cessation date		Dates must be formatted as DD/MM/YYYY
Name of competent authority		
Address line 1		
Address line 2		
Address line 3		
Country		
Initial registration date		Dates must be formatted as DD/MM/YYYY
Registration cessation date		Dates must be formatted as DD/MM/YYYY

Section 7 - Declaration

I declare that the foregoing particulars are true and accurate to the best of my knowledge

Signature

Date

Dates must be formatted as DD/MM/YYYY

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 removed from the Register under section 33 of the Dentist Act, 1985

Please note that in accordance with the Data Protection Acts, all personal information provided by you will be treated in confidence and kept secure. Your information will be processed in accordance with the Dental Council's legal obligations under the Dentist Act, 1985.

The Dental Council will only release your information to third parties either in accordance with its legal obligations or with your consent. You should therefore note that the Dental Council is obliged to publish its registers under the provisions of section 58 of the Dentists Act, 1985.