

Letter of Good Standing Request Form
New Graduates qualified within Ireland

First name	
Middle name/s	
Surname/Family name	
Any other names	

Date of birth	
Place of birth	
Nationality	

Email address	
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Address for correspondence	Address you would like your Letter of Good Standing to be sent to

Note to the Dental Council
(If you require any further information or wish to add to your request, please make a note of it here)

Qualification obtained	
Granting University	
Qualification date	

I wish to confirm that, to the best of my knowledge, the information provided above is true and accurate.

Signed: _____

Date:

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Additional information to accompany this request form;

1. Photocopy of your Certificate
2. Photocopy of your passport
3. Completed Character Reference form

Please note that requesting a Letter of Good Standing does not mean that you are registered with the Dental Council of Ireland.