

Dentists;

To be completed by the Head/Dean of your dental training school.

Auxiliary Dental Workers;

To be completed by the course director or head of the programme in your chosen field of study.

Graduates forename

Graduates surname /
family name

Other name/s associated
with this graduate

Title of the qualification obtained by this graduate

Please select one of the following;

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.

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

Signature

Full Name

Position

Date

Stamp of the dental training school