

# Register of Dental Specialists Application Form

### Important information

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

<b>Section 1 - Registration details</b>	
I hereby apply to be registered in the Register of Dentists for Ireland under the provisions of Section 30 of the Dentists Act, 1985.	
Forename	
Surname / Family name	
Other name/s	
Please provide evidence of name changes, if necessary, such as a copy of your marriage or deed poll certificate. If your name has changed since your registration in the Register of Dentists, you must provide details of this below.	
Date of birth	Dates must be formatted as DD/MM/YYYY
Place of birth (Country)	
Nationality	
Citizenship	
Please list all countries where you hold a passport.	
Gender	
<b>Section 2 - Address for inclusion in the Register</b>	
Address line 1	
Address line 2	
Address line 3	
Address line 4	
Eircode	
Country	
Please note that if the address above differs from the one we hold for you in the Register of Dentists, both the Register of Dentists and the Register of Dental Specialists will be updated to the address provided. Once registered you can change your address in the Registers by simply mailing us at <a href="mailto:info@dentalcouncil.ie">info@dentalcouncil.ie</a> with your request. It is important that you can be contacted at the address you provide. Please be aware that, once registered, your address on both Registers is public information.	
Email address	
Your email address will only be used to contact you throughout the application process.	
Division of the Register are you apply for	<input type="checkbox"/> Orthodontics <input type="checkbox"/> Oral Surgery
Registration number in the Register of Dentists	

**Section 3 – Specialist training details**

Please list any qualifications or examinations that you have obtained in your chosen speciality and which you would like considered in your application for specialist registration. You must supply documentary evidence of the information you wish to be considered.

Title of your qualification		
Granting authority/ university		
Location of the university (Country)		
Start date of training		Dates must be formatted as DD/MM/YYYY
End date of training		Dates must be formatted as DD/MM/YYYY
Date of award		Dates must be formatted as DD/MM/YYYY

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Granting authority/ university		
Location of the university (Country)		
Start date of training		Dates must be formatted as DD/MM/YYYY
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Date of award		Dates must be formatted as DD/MM/YYYY

Extra information and qualifications

If training was other than full-time please give details

#### Section 4 - Declaration

I hereby declare that the above information and the documentation which I furnish in support of my application and upon which I am relying is true and accurate to the best of my knowledge and belief. I acknowledge that the granting of registration in the Register of Dental Specialists is at the discretion of the Dental Council under the provisions of the Dentists Act 1985.

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 prosecuted.

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 58 of the Dentists Act, 1985.