

Restoration Form

Important information

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

Section 1 - Restoration details	
I hereby apply to have my name restored to the Register of	
Dentists	
Dental Hygienists	
Dental Nurses	
Orthodontic Therapists	
Clinical Dental Technicians	
Registration number (you were previously registered with)	
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 previous registration 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	
Section 2 - Address for inclusion in the Register	
Address line 1	
Address line 2	
Address line 3	
Address line 4	
Country	
Once restored to the Register you can change your address 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 is public information.	
Email address	
Your email address will only be used to contact you throughout the application process.	

Section 3 - Work history

- 1) You must provide a complete account of your work history from the time you resigned or were suspended/erased from the Register.
- 2) Your work history is part of the information necessary to review your application.
- 3) Please provide a brief explanation for gaps in your work history, for example; Career break, unemployed or care giving.
- 4) If you are unable to give a complete account of your work history in the space provided, please submit a typed work history that is signed and dated by you to validate the information therein.
- 5) If submitting a typed work history, you must provide the name and address of the practice, the grade or title of your post, along with start and cessation dates. (Dates must be formatted as DD/MM/YYYY)
- 6) Any gaps or 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
Cessation date (if applicable)	Dates must be formatted as DD/MM/YYYY
Grade or title of your post	
Name of practice	
Address line 1	
Address line 2	
Address line 3	
Country	
Start date	Dates must be formatted as DD/MM/YYYY
Cessation date (if applicable)	Dates must be formatted as DD/MM/YYYY
Grade or title of your post	
Name of practice	
Address line 1	
Address line 2	
Address line 3	
Country	
Start date	Dates must be formatted as DD/MM/YYYY
Cessation date (if applicable)	Dates must be formatted as DD/MM/YYYY
Grade or title of your post	
Name of practice	
Address line 1	
Address line 2	
Address line 3	
Country	
Start date	Dates must be formatted as DD/MM/YYYY
Cessation date (if applicable)	Dates must be formatted as DD/MM/YYYY
Grade or title of your post	

Section 4 – Registration history

- 1) You must list any competent authority that you are currently registered with and those that you registered with in the past, in order to practice your profession, from the time you graduated with your undergraduate degree in dentistry.
- 2) If you are unable to give a complete account of your registration history in the space provided, please submit a typed registration history that is signed and dated by you to validate the information therein.
- 3) If submitting a typed registration history, you must provide the name and address of the authority, along with start and cessation dates of your registration. (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

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

What is a Competent Authority?

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 and the General Dental Council is the competent authority for the dental profession in the UK and Northern Ireland. These are usually the organisations that you will obtain your Certificates of Current Professional Status/Letter of Good Standing from.

Section 5 - Declaration

I declare that the foregoing particulars are correct.

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.