

Application form for admission to examination held under the provisions of Section 27 (2) (d) of the Dentists Act 1985.

**Dental Council
57 Merrion Square
Dublin 2**

Application form for admission to examination held under the provisions of Section 27 (2) (d) of the Dentists Act 1985.

Please write in **BLOCK CAPITALS**

Family Name/Surname

1.

Personal/First Name

Address:

E-Mail Address:

Place of Birth: _____ **Date of Birth:** //

Nationality: _____

Gender: Female Male

2. EDUCATION RECORD

Institution	Dates From To	Qualifications Obtained with dates
<u>University</u>		
<u>Postgraduate</u>		

3. PROFESSIONAL EXPERIENCE (from date of graduation up to date)

Grade or Title of Post if relevant	Dates From To	Type of Dental Practice and Location

4. REGISTRATION RECORD

Registering Authority	Address	Dates	
		From	To

5. Have you ever taken or applied to take the Irish Dental Council Examination for non-EEA trained dentists ? (PLEASE CIRCLE): **YES / NO**

If you have answered yes, please specify in which year: _____

6. Do you currently hold a temporary registration post or have you applied for temporary registration, in Ireland? (PLEASE CIRCLE): **YES / NO**

If you have answered yes, please provide more detail: _____

7. I confirm that I have attached a copy of my passport (PLEASE CIRCLE): **YES / NO**

8. I declare that the foregoing particulars are correct, and I hereby apply for admission to the examination.

If you have answered yes, please specify in which year: _____

Date: _____ Signature: _____

