

Register of Dentists

Temporary Registration Application Form

Important information

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

Section 1 - Registration details	
I hereby apply to be registered in the Register of Dentists for Ireland under the provisions of Section 28 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.	
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	
Eircode	
Country	
Once registered you can change your address in the Register 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 of Dentists is public information.	
Email address	
Your email address will only be used to contact you throughout the application process.	
Section 3 – Qualification details	
The information required in this section is relating to your undergraduate degree in dentistry.	
Title of your qualification	
Granting authority/ university	
Location of the university (Country)	
Date of award	Dates must be formatted as DD/MM/YYYY
I apply for temporary registration in the Register of Dentists for Ireland for the following purpose	
Undertaking a full-time clinical post graduate programme Undertaking a full-time clinical research appointment Undertaking a full-time clinical position in an approved institution	
Is this your first time applying for Temporary Registration?	Yes No
If you answered “no” to the above, please provide your registration number	

Section 4 - Work history

- 1) You must provide a complete account of your work history from the time you graduated with your undergraduate degree in dentistry.
- 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 5 – 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 6 – To be completed by the employing authority

This section must be completed and signed by the chief officer of the hospital/university, or an authorised deputy in the hospital/university, where you are taking up your post.

Applicant's Forename		Applicant's Surname	
Clinical post granted to the applicant			
Hospital/university where the applicant will be positioned			
Start date of post		Must be formatted as DD/MM/YYYY	
End date of post		Must be formatted as DD/MM/YYYY	
Is this a full-time clinical post?			Yes No
Will the post granted to the above named encompass at least 6 clinical sessions per week for the duration on their appointment?			Yes No
Supervising consultant			
<p>I understand that it is the responsibility of the hospital/university (stated above) to ensure that the applicant, if granted temporary registration, will carry out his/her duties under the supervision of the consultant (stated above). I confirm that the supervising consultant (stated above) is a registered dentist and holds a consultant appointment in the hospital/university (stated above).</p> <p>Furthermore, I understand that the applicant (stated above) will not be permitted to continue in this position following the expiry or revocation, of their period of temporary registration.</p>			
Signature		Stamp of the hospital/university	
Full name			
Position			

Section 7 – To be completed by the supervising consultant

This section must be completed and signed by your supervising consultant.

I understand that the applicant (stated above), if granted temporary registration, will practise dentistry under my supervision. I understand that if an application is made for a further period of temporary registration, I will be required to certify the applicant's competence to practise dentistry under consultant supervision.

I confirm that I am a registered dentist and I currently hold a consultant appointment in the hospital/university (stated above).

Signature	
Full name	
Position	
Registration number	

Important information

1. Dentists registered under the provisions of temporary registration are only entitled to practice the profession of dentistry under the supervision of an approved consultant, in the setting of an approved institution and only for the specific dates approved.
2. The dates noted above must not exceed one year unless the applicant is taking part in a full time post graduate programme.
3. Under the provisions of the Dentists Act 1985, temporary registration, whether continuous or in separate periods, may not exceed 5 years in total.
4. Temporary registrants who pass the Dental Council Examination can apply for full registration in the Register of Dentists.
5. Your temporary registration will be revoked and your supervising consultant will be notified should you exhaust all your Dental Council examination attempts.
6. The completed application must reach the Dental Council at least two months prior to the date from which the period of temporary registration is requested

Section 8 – To be completed if this is not your first temporary registration application

This section must be completed and signed by the consultant that supervised your last period of approved temporary registration.

Applicant's Forename		Applicant's Surname	
Hospital/university where the applicant was positioned			
Start date of post			
End date of post			
I certify that the applicant (stated above), practiced under my supervision for the duration (stated above), and			
(Please select one of the following)			
to the best of my knowledge this applicant is of good character and competent to practise dentistry under consultant supervision			
the Council should be aware of the following details of the character of this applicant which might affect his/her suitability for temporary registration in the Register of Dentists			
Signature			
Full name			
Position			
Registration number			

Section 9 - Declaration

I understand that the admission to temporary registration in the Register of Dentists confers no right of entry into Ireland nor any entitlement to a work permit.

I understand that temporary registration is granted only for the position detailed in Section 6 and that I must re-apply for temporary registration if I wish to change employment and/or supervising consultant.

Furthermore, I wish to confirm that I have read and I understand the information provided to me under "important information" below.

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 Dentists 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.

IMPORTANT INFORMATION

- a) Under the provisions of the Dentists Act 1985, temporary registration, whether continuous or in separate periods, may not exceed 5 years in total.
- b) Your completed application must reach the Dental Council at least two months prior to the date from which the period of temporary registration is requested.
- c) The dates noted on your application form in Section 6 must not exceed one year unless you are taking part in a full time post graduate programme.
- d) Each application for extension of temporary registration must be accompanied by a registration fee, regardless of the length of the post.
- e) Please make a note of your temporary registration expiry date. You will find this information on your Certificate of Temporary Registration once the process has been completed. You will not receive a reminder of your expiry date, however, your name will be removed from the Register on this date.
- f) You are not entitled to practise dentistry, in any capacity, in the State after your temporary registration has expired or before it has been processed.
- g) Your temporary registration position must encompass at least 6 clinical sessions per week for the full duration of your appointment if you intend to use this experience to meet the practice criteria to take part in the Dental Council Examination.
- h) Your temporary registration will be revoked and your supervising consultant will be notified should you exhaust all your Dental Council examination attempts.