

**APPLICATION FOR
SPECIAL PURPOSE REGISTRATION
IN QUEENSLAND
UNDER THE DENTAL PRACTITIONERS
REGISTRATION ACT 2001**

Section 120, Dental Practitioners Registration Act 2001

Dental Board of Queensland

**Please read the Accompanying Information sheets
before completing this form.**

**Complete Form and Return with Accompanying Documents
to address below.**



Mailing Address:

Dental Board of Queensland
GPO Box 2438
BRISBANE QLD 4001



Enquiries:

Telephone: (07) 3225 2508
Facsimile: (07) 3225 2527
Monday to Friday 9.00 am – 4.00 pm
Email: dental@healthregboards.qld.gov.au
Website www.dentalboard.qld.gov.au



Location:

8th Floor, Forestry House
160 Mary Street
BRISBANE QLD 4000

ABN: 33 663 105 895

NOTE:

***YOUR APPLICATION CANNOT BE
PROCESSED UNLESS YOU PROVIDE
ALL THE REQUIRED DOCUMENTATION
THE APPLICATION FEE AND THE
REGISTRATION FEE.***

APPLICATION DETAILS - Please ✓ Appropriate Box and Print Complete Information as per Accompanying Information sheets.

TITLE: (circle preferred title) DR OTHER _____ (please specify)		
FAMILY NAME _____		
FIRST AND OTHER NAME/S (in full) _____		
PREVIOUS NAME(S) (if applicable) _____		
LANGUAGES SPOKEN _____		
Date of Birth _____	Place of Birth _____ Country of Birth _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
REGISTRATION/POSTAL ADDRESS (For inclusion in the public register) All Changes must be notified to the Board _____ _____ _____ Postcode _____ Is this your residential address? YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes" do you agree that it be available for inspection on the Register? YES <input type="checkbox"/> NO <input type="checkbox"/> If you do not tick any of these boxes, and the address above is not a P.O. Box, an address will NOT appear against your name in the register.	PROFESSIONAL / BUSINESS ADDRESS (if different from Registration address) _____ _____ _____ Postcode _____	RESIDENTIAL ADDRESS (if different from Registration address) _____ _____ _____ Postcode _____
CONTACT TELEPHONE NUMBERS: Day _____ After Hours _____ Mobile _____		
EMAIL ADDRESS: _____		
QUALIFICATIONS ON WHICH APPLICATION IS BASED: (earliest qualification first)		
Degree /Examination and/or Assessment Certificate _____ _____	University/College/Examining Body _____ _____	Year Conferred _____ _____
REGISTRATION: (if not previously registered, write NA)		
1. State/Territory/Country where first registered as a dentist _____ and year _____		
2. Do you hold registration that gives you legal authority to currently practise as a dentist elsewhere? <div style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></div> If yes, give the State/Territory/Country _____		
3. Have you ever been registered as a health practitioner* in another State or Territory of Australia or another country? <div style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></div> If yes, give State/Territory/Country, year registered and indicate profession _____		
4. Have you ever been registered as a health practitioner* in Queensland? <div style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></div> If yes, give profession and year registered _____		
<small>*other than a dentist or dental specialist</small>		

SPECIAL PURPOSE REGISTRATION (please tick the category for which you are applying)

- study or train at postgraduate level
- teach
- engage in research
- give clinical demonstrations
- practise the profession, under the Public Sector Dental Workforce scheme, at a dental health service facility operated by the State

Details of the special purpose activity:

If the special purpose activity involves the practice of a dental specialty, details of the specialty to be practised:

FITNESS TO PRACTISE:

1. Do you suffer from any ongoing medical - mental or physical - condition (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, adversely affects your ability to competently and safely practise dentistry? Yes No
2. Do you have a criminal history?
(see accompanying information sheet for an explanation of 'criminal history'). Yes No
3. Have you been registered under the Dental Practitioners Registration Act 2001 or the Dental Act 1971 (repealed), or have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or a foreign country, and the registration was affected either by the imposition of a condition, suspension or cancellation, or in any other way? Yes No
4. Has your registration as a health practitioner ever been cancelled or is your registration currently suspended as a result of disciplinary action in any Australian State or Territory or in a foreign country? Yes No
5. Have you ever been refused registration as a health practitioner in any Australian State or Territory, or in a foreign country? Yes No
6. Do you have a reasonable command of the English language? Yes No

Note:

- Apart from question 6, if you answer "Yes" to any of the above questions you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject. (Please attach in a sealed envelope).
- The term 'health practitioner' includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing.
- The Board may enquire with relevant authorities regarding an applicant's criminal history.

FITNESS TO PRACTISE - BLOOD BORNE VIRUSES:

If you answer "No" to any of the following, please provide full details on a separate sheet.

7. Have you been tested for blood borne viruses in the last three years? Yes No
8. Are you willing to comply with the Board's policy #9, Dentists Infected with Blood Borne Viruses? Yes No

ADDITIONAL COMMENTS OR INFORMATION FROM APPLICANT IN SUPPORT OF REQUEST FOR SPECIAL PURPOSE REGISTRATION AS A DENTAL PRACTITIONER (if insufficient space set out on separate page)

I consent to the Dental Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian States or Territories or any other countries regarding my practice as a dentist or health practitioner, or otherwise regarding matters relevant to this application.

I declare that the above statements are true and correct, that I am the person named in the attached documents and that I am the person in the attached photographs which bears my signature and are a recent likeness as certified on the back by

.....

I also undertake to comply with all relevant legislation, codes of practice, and Dental Board of Queensland policies.

.....
Printed Name of Applicant

.....
Signature of Applicant

.....
Printed Name of Witness

.....
Signature of Witness

Date: day of20.....

REFERENCES

REFEREE 1: (this section to be completed by a Referee who has known you for at least 12 months and is not a relative or person who may have a vested interest in supplying a reference)

REFERENCE

(Applicants for registration as a Dentist - Special Purpose - in Queensland). **PLEASE PRINT**

Icertify that I have known
(Name of Referee)

.....for a period ofyears and that in my
(Name of Applicant)
opinion this person is of good character and standing

The capacity in which I have known this applicant is

My details are:

Occupation:

Address:

Telephone: Day After hours

Signature: **Date**

REFEREE 2: (this section to be completed by a Referee who has known you for at least 12 months and is not a relative or person who may have a vested interest in supplying a reference)

REFERENCE

(Applicants for registration as a Dentist - Special Purpose - in Queensland) **PLEASE PRINT**

Icertify that I have known
(Name of Referee)

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