

SCHEDULES

SCHEDULE 1

Regulations 4 and 8

Information to be Supplied on an Application for Registration as a Person Who Carries on a Private Dental Practice

PART 1

Information about the applicant

1. Where the applicant is an individual—
 - (a) the responsible person's full name, date of birth, current address, telephone number and electronic mail address (if any);
 - (b) details of the responsible person's professional or technical qualifications and experience of carrying on a private dental practice, so far as such qualifications and experience are relevant to providing services for persons to whom services are to be provided at the private dental practice;
 - (c) details of the responsible person's employment history, including the name and address of their present employer and of any previous employers;
 - (d) details of any business the responsible person carries on or has carried on;
 - (e) details of any other site or sites in respect of which the responsible person carries on or has carried on a private dental practice;
 - (f) the names and addresses of two referees—
 - (i) who are not relatives of the responsible person;
 - (ii) each of whom is able to provide a reference as to the responsible person's competence to carry on a private dental practice of the same description as the private dental practice; and
 - (iii) one of whom has employed the responsible person for a period of at least 3 months, but the requirement for the name and address of a referee who has employed the responsible person for a period of at least 3 months does not apply where it is impracticable to obtain a reference from a person who fulfils that requirement;
 - (g) if the responsible person is a dentist or dental care professional—
 - (i) the responsible person's professional registration number; and
 - (ii) details of any conditions imposed on the responsible person's professional registration or inclusion on a dental performers list;
 - (h) if the applicant intends to carry on the private dental practice in partnership with others, the information specified in sub-paragraphs (a) to (g) of this paragraph in relation to each partner of the applicant.
2. Where the applicant is a partnership—
 - (a) the name and address of the partnership;

Status: This is the original version (as it was originally made).

- (b) in relation to each member of the partnership, the information specified in paragraph 1(a) to (g).
- 3. Where the applicant is an organisation—
 - (a) the name of the organisation and the address of the registered office or principal office of the organisation;
 - (b) the responsible person's full name, date of birth, current address and telephone number;
 - (c) details of the responsible person's professional or technical qualifications and experience of carrying on a private dental practice, so far as such qualifications and experience are relevant to providing services for persons for whom services are to be provided by the private dental practice;
 - (d) if the organisation is a subsidiary of a holding company, the name and address of the registered or principal office of the holding company and of any other subsidiary of that holding company.
- 4. In every case—
 - (a) a statement as to whether the responsible person has been adjudged bankrupt, is a person in respect of whom a debt relief order has been made or sequestration of his estate has been ordered, or whether the responsible person has made a composition or arrangement with, or granted a trust deed for, their creditors;
 - (b) a statement as to the applicant's ability to ensure the financial viability of the private dental practice for the purpose of achieving the aims and objectives of the private dental practice set out in its statement of purpose.

PART 2

Information about the private dental practice

- 5. The name, address, telephone number, facsimile number (if any), and electronic mail address (if any) of the private dental practice.
- 6. Where the private dental practice is being operated from more than one site, the name, address, telephone number, facsimile number (if any), and electronic mail address (if any) of each site.
- 7. The description of the private dental practice in respect of which the applicant seeks to be registered.
- 8. The statement of purpose of the private dental practice.
- 9. A statement as to the facilities and services which are to be provided by the private dental practice including the extent of such facilities and services.
- 10. The date on which the private dental practice was established or is proposed to be established.
- 11. Details of indicative charges payable by the service users.
- 12. In respect of the premises to be used by a private dental practice, a description of the premises, including a statement as to whether the premises are purpose-built or have been converted for use as a private dental practice.
- 13. In respect of the premises to be used by a private dental practice, a statement as to whether, at the date the application is made, the premises are capable of being used for the purposes in paragraph 14 without the need for planning permission, building works, or conversion of the premises and, if the premises are not capable of such use at the date the application is made, details of the permission, works or conversion needed.

- 14.** The purposes referred to in paragraph 13 are—
- (a) achieving the aims and objectives set out in the statement of purpose of the private dental practice; and
 - (b) providing facilities and services in accordance with the statement referred to in paragraph 9.
- 15.** A statement as to the security arrangements, including arrangements for the purposes of—
- (a) safeguarding access to information held by the private dental practice; and
 - (b) restricting access from adjacent premises or, when the premises form part of a building, from other parts of the building.
- 16.** The name and address of any other private dental practice, which the applicant has or has had a business or financial interest, or at which the applicant is or has been employed, and details of such interest or employment.
- 17.** Whether any other business is or will be carried on in the same premises as those of the private dental practice and, if so, details of that business.
- 18.** Details of any Class 3B or Class 4 laser products⁽¹⁾ that will be used to provide dental treatment to patients including whether the required professional protocol has been drawn up and the appropriate training undertaken.

Information about staff posts

- 19.** A list of staff posts at the private dental practice and the duties and responsibilities attaching to each post.

PART 3

Further information about staff

- 20.** In respect of any person, other than the applicant, who works at, or is intended to work at the private dental practice—
- (a) if he or she is a relative of any person who has made an application in respect of the private dental practice, his or her relationship to such person;
 - (b) information as to the person's qualifications, experience and skill in so far as is relevant to the work that the person is to perform;
 - (c) a statement by the applicant that he or she is satisfied as to the authenticity of the qualifications, and has verified the experience and skills that are referred in sub-paragraph (c);
 - (d) a statement as to—
 - (i) the suitability of the person's qualifications for the work that the person is to perform;
 - (ii) whether the person has the skills necessary for such work;
 - (iii) the person's fitness to work, and have regular contact, with service users;
 - (e) a statement by the person as to the state of his or her physical and mental health;

(1) For the meaning of Class 3B or Class 4 laser product *see* Part 1 of British Standard EN 60825 – 1 (Radiation safety of laser products and systems). Copies can be obtained from BS1 Customer Services, 389 Chiswick High Road, London W4 4AL.

Status: This is the original version (as it was originally made).

- (f) a statement by the applicant as to whether he or she is satisfied as to the person's identity, the means by which the applicant so satisfied himself or herself and whether the applicant has obtained a copy of the person's birth certificate;
- (g) confirmation by the applicant that he or she has a recent photograph of the person;
- (h) a statement by the applicant that he or she has obtained two references relating to the person and that the applicant is satisfied as to the authenticity of those references;
- (i) details of any criminal offences of which the person has been convicted, including details of any convictions which are spent within the meaning of section 1 of the Rehabilitation of Offenders Act 1974 and which may be disclosed by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, and, in relation to each such offence, a statement by the person—
 - (i) as to whether in his or her view the offence is relevant to his or her suitability to care for, train, supervise or be in sole charge of any person and, if so,
 - (ii) as to why he or she considers that he or she is suitable to perform the work in which he or she is to be employed;
- (j) details of any criminal offences in respect of which he or she has been cautioned by a constable and which, at the time the caution was given, he or she admitted;
- (k) confirmation by the applicant that the person has had standard health checks and, where the person will be performing exposure-prone procedures, additional health checks;
- (l) if the person is a dentist or dental care professional, a statement that the person—
 - (i) is registered with the General Dental Council; and
 - (ii) has a certificate of indemnity cover which provides the person with cover in respect of liabilities that may be incurred in carrying out the person's services.