

Status: This version of this part contains provisions that are prospective.

Changes to legislation: There are currently no known outstanding effects for the The Registration of Private Dentistry (Wales) Regulations 2017, PART 1. (See end of Document for details)

PROSPECTIVE

SCHEDULES

SCHEDULE 3

Information and Documents to be Supplied on an Application for Registration as the Manager of a Private Dental Practice

PART 1

Information

1. The applicant's full name, date of birth, current address, telephone number and electronic mail address (if any).

Commencement Information

I1 Sch. 3 para. 1 in force at 1.4.2017, see [reg. 1](#)

2. Details of the applicant's professional or technical qualifications, and experience of managing 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 at the private dental practice.

Commencement Information

I2 Sch. 3 para. 2 in force at 1.4.2017, see [reg. 1](#)

3. Details of the applicant's professional training relevant to carrying on or managing a private dental practice.

Commencement Information

I3 Sch. 3 para. 3 in force at 1.4.2017, see [reg. 1](#)

4. Details of the applicant's employment history, including the name and address of their present employer and of any previous employers.

Commencement Information

I4 Sch. 3 para. 4 in force at 1.4.2017, see [reg. 1](#)

5. Details of any business the applicant carries on or manages or has carried on or managed.

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Commencement Information

I5 Sch. 3 para. 5 in force at 1.4.2017, see [reg. 1](#)

6.—(1) The name and addresses of two referees—

- (a) who are not relatives of the applicant;
- (b) each of whom is able to provide a reference as to the applicant’s competence to manage private dental practice of the same description as the private dental practice; and
- (c) one of whom has employed the applicant for a period of at least 3 months.

(2) The requirement for the name and address of a referee who has employed the applicant for a period of at least 3 months must not apply where it is impracticable to obtain a reference from a person who fulfils that requirement.

Commencement Information

I6 Sch. 3 para. 6 in force at 1.4.2017, see [reg. 1](#)

7. The name, address, telephone number, facsimile number (if any), and electronic mail address (if any) of the private dental practice.

Commencement Information

I7 Sch. 3 para. 7 in force at 1.4.2017, see [reg. 1](#)

8. If the applicant is a dentist or dental care professional—

- (a) the responsible person’s professional registration number; and
- (b) details of any conditions imposed on the responsible person’s professional registration or inclusion on a dental performers list.

Commencement Information

I8 Sch. 3 para. 8 in force at 1.4.2017, see [reg. 1](#)

Commencement Information

- I1** Sch. 3 para. 1 in force at 1.4.2017, see [reg. 1](#)
- I2** Sch. 3 para. 2 in force at 1.4.2017, see [reg. 1](#)
- I3** Sch. 3 para. 3 in force at 1.4.2017, see [reg. 1](#)
- I4** Sch. 3 para. 4 in force at 1.4.2017, see [reg. 1](#)
- I5** Sch. 3 para. 5 in force at 1.4.2017, see [reg. 1](#)
- I6** Sch. 3 para. 6 in force at 1.4.2017, see [reg. 1](#)
- I7** Sch. 3 para. 7 in force at 1.4.2017, see [reg. 1](#)
- I8** Sch. 3 para. 8 in force at 1.4.2017, see [reg. 1](#)

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