



DCP Registration Form:

Full Name _____

Address _____

Date of Birth _____

Email Address: _____

Telephone:

Home _____ Mobile _____

GDC Registration No. _____

Dental Qualification

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Do you have a recent Advanced CRB? Yes No

Year of qualification _____

Do you hold your own Indemnity Insurance Yes No

References:

Please give details of 2 referees. At least one of whom should be a past or current employer:

Referee 1.

Referee 2.

Do you have experience with Dental Software? Yes No

If so then which system? R4 SOE Exact Other

Do you have Transport? Yes No

Return by post to Dentaltemps Northwest Ltd

69 Union St

Chorley

PR7 1AB

Or by Fax: 01257 41690

Tick List of Items to send to us:

- Completed Registration Form
- Certificate of GDC registration (copy)
- Proof of indemnity if held
- CV
- Proof of Hep B immunisation
- Copy of Advanced CRB