

DENTAL BOARD OF NEW SOUTH WALES

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APPLICATION FOR RE-REGISTRATION AS A DENTAL AUXILIARY (DENTAL THERAPIST) IN NEW SOUTH WALES

SECTION A - GENERAL INFORMATION RELATING TO RE-REGISTRATION

Dental auxiliaries previously registered in New South Wales, and whose names were removed from the Register for non-payment of the Annual registration fee, may apply for re-registration.

Applicants may apply under the Dental Practice Act 2001 or Mutual Recognition Act 2002 or Trans Tasman Mutual Recognition Act 1997.

Applicants who are not registered in another State or Territory of Australia should apply under the Dental Practice Act 2001.

Your request for re-registration cannot be processed unless you complete all relevant questions in this application form and attach the relevant fee. All applications for re-registration require approval by the Dental Board of New South Wales.

Please contact the Board if you have any queries in relation to the completion of the form.

Re-Registration and retrospective registration

A person whose name has been removed from the Register for failure to pay the annual registration fee is entitled to re-registration if that person pays to the Board any unpaid annual registration fee or fees together with any applicable late payment fee.

The Annual Registration fee is \$65.00 (Schedule 1 28(1)).

A late payment fee is applicable when more than three months have elapsed since the person's name was removed from the relevant Register. The late payment fee is such amount as the Board determines. (Schedule 1 28(2)).

The Board may waive payment of a late payment fee in a particular case if the Board thinks it appropriate to do so. (Schedule 1 28(3)).

The entitlement to re-registration is an entitlement to registration on the same terms and subject to the same conditions (if any) as applied to the person's registration immediately before the removal of his or her name from the Register (Schedule 1 28(4)).

Re-Registration under Mutual Recognition

Under the provisions of the Mutual Recognition Act 1992 and the Trans Tasman Mutual Recognition Act 1997 a person who has a current authority to practise as a dental auxiliary in another jurisdiction of Australia and New Zealand is entitled to be registered to practise dentistry in New South Wales.

Mutual Recognition provides an additional and alternative avenue to the Dental Practice Act for obtaining re-registration and you can contact the Board for an application form.

Lodgment of Application

The application may be lodged by:

- (i) Mail, or
- (ii) in person at the Board's office

Faxed applications or documentation will NOT be accepted.
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Compliance with the Privacy and Personal Information Act 1998

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individuals.

SECTION B - Address Details

When completing this SECTION

- * Please print all details in **block letters**
- * If your practice address and residential address are the same, please indicate at the appropriate place on the form below.
- * You may select your residential, practice or postal address as your mailing address.

Name of Dental Auxiliary: Family Name		Given Name
Registration Number:		
Phone contact Details:		
Residential Address (street address):		
Street		
Suburb	Post Code	

Practice Address (street address):		
Is this the same address as your residential address Yes/No		
If Yes, write "as above" in the address details below.		
If No, please print your practice address below:		
Street		
Suburb	Post Code	
Which address do you wish to use as your mailing address ?		
Select one:		
Residential Postal Address	Practice	Other

SECTION C - Registration Details and Declaration

When did your registration as a dental auxiliary in NSW lapse?

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(State date – please confirm with the Board if unsure of this date).

Have you worked as a dental auxiliary in NSW since your registration lapsed? Yes/No

If you answered “**Yes**” to having worked as a dental auxiliary in NSW since your registration lapsed, retrospective registration is to be sought by the applicant and the appropriate fees paid. Should you wish to apply for a waiver of the relevant fee, please complete Section E.

Please provide reasons as to why you have been working as a dental auxiliary whilst unregistered.

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If you answered “**No**” to having worked as a dental auxiliary in NSW since your registration lapsed, please forward to the Board:

- * An outline of your activities since your registration lapsed (below)
- * Should you wish to apply for retrospective registration, please provide reasons here.
- * Should you wish to apply for a waiver of the relevant fee, please complete Section E.

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Professional Indemnity Insurance – Circle Appropriate

My Professional Indemnity Insurance is covered by:

- (a) Insurance Provider _____ Member code: _____
- (b) I satisfy an exemption from the Regulation:
- Employee of public health organization
 - Government indemnity
 - Indemnified employee
 - Other (Please Specify) _____
- (c) I am in the process of applying for Professional Indemnity Insurance and I undertake to contact the NSW Dental Board with details of my Professional Indemnity Insurer when I have secured employment. I understand that I cannot commence practice until I have obtained relevant insurance.

DECLARATION

Below is a declaration concerning the period prior to your registration being due. This period may be a 12 month period or may cover more than one renewal year. The declaration must be completed and signed before your registration can be processed. By signing this declaration you are sincerely declaring that the information being provided is true and correct. You must read the explanatory notes (Section F) attached before continuing.

1. Have you been convicted of any offence in or outside of NSW, except an excluded offence? (see note) Yes / No
2. Has a criminal finding for a sex/violence offence been made against you? Yes / No
3. Has a criminal finding been made against you for an offence committed in the course of the practice or purported practice of dentistry? Yes / No
4. Are any criminal proceedings pending against you for a sex/violence offence alleged to have been committed in the course of practice or purported practice of dentistry? Yes / No
5. Are any criminal proceedings pending against you for a sex/violence offence alleged to have been committed against a minor or to involve child pornography? Yes / No

- 6. Have you suffered any significant illnesses that may detrimentally affect your physical or mental capacity to practise dentistry? Yes / No
- 7. Has your registration as a therapist been suspended or cancelled, or had any conditions imposed on it, in any other jurisdiction? Yes / No
- 8. Has any registration held by you under a health registration Act been suspended or cancelled, or had any conditions imposed upon it? Yes / No
- 9. Have you been refused registration as a therapist in any other jurisdiction? Yes / No
- 10. Have you undertaken any continuing professional development in the past twelve months? Yes / No

If you have answered yes to any of the questions 1-10 please provide a separate sheet with further details. In relation to a criminal conviction, for example, please include: date and nature of offence/s, date of conviction/s, court imposing conviction/s and any penalties imposed.

Is there any other information you would like to provide to support your competence to practise dentistry?

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Signed:

Date:

SECTION D – Payment of Fees

Payment may be made by cheque or money order.

Cheques should be crossed “Not Negotiable” and made payable to the Dental Board of New South Wales. Australian currency only will be accepted. Overseas bank drafts must be made in Australian Dollars and payable to an Australian Bank. **Cash must not be forwarded by post.**

SECTION E – Waiver of Fees

Please note: The relevant fee must accompany the application for re-registration in the first instance.

Do you wish to apply for a waiver of the relevant fee? Yes / No

If “Yes” please provide your reasons:

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EXPLANATORY NOTES FOR THE ANNUAL RETURN DECLARATION

- * The return period for the declaration overleaf is the period of twelve months ending two months before your registration expiry date (eg if your registration expires on 31 December the declaration covers the 12 months period to the 30 October), Matters prior to this period should have previously been notified and are not required to be disclosed to the Board again (note: if such matters have not previously been notified to the Board please contact the Registrar as the Board must be made aware of them).

- * **Criminal convictions, findings and offences:**
 - * **All** criminal convictions, findings and charges in this State or elsewhere, with the exception of parking tickets and minor traffic offences must be notified giving details of date and nature of offence
 - * The following more serious traffic offences must also be disclosed:
 - a) furious or reckless driving, or driving in a manner dangerous to the public
 - b) negligent driving, with a fine greater than \$200, or imprisonment
 - c) refusing to produce license, to state name and address, or stating a false name and address
 - d) driving under the influence of alcohol or any other drug
 - e) driving whilst unlicensed
 - f) failing to stop after an accident
 - g) presence of prescribed concentration of alcohol
 - h) menacing driving
 - i) any offence leading to disqualification from driving

- * **A 'criminal finding'** is defined as:
 - a) a finding that an offence has been proved without proceeding to a conviction
 - b) a finding that an offence has been proved and the discharging of, or the making of an order releasing, the offender conditionally on entering into a good behaviour bond for a specified period or on other conditions determined by the court.

- * **A 'sex or violence offence'** is defined as an offence involving sexual activity, acts of indecency, child pornography, physical violence or the threat of physical violence.

- * **A sex/violence criminal finding** is defined as a criminal finding for a sex or violence offence

- * **Question 7** refers to Dental registration in any jurisdiction in Australia or overseas

- * **Question 8** refers to any registration that the dentist has held/holds under a health registration Act in any jurisdiction. For example: A dentist may also be a registered pharmacist and in this case this question would relate to the pharmacist registration.