

DENTISTS AND DENTAL SPECIALISTS

(01 October 2017 – 30 September 2018)

Name

Registration No:

Address

Qualifications:

Scope(s) of Practice:

Conditions on Practice:

This retention application form only relates to the scope(s) of practice you are already registered in, as recorded above.

You are required to return your completed retention application form and Workforce Survey questionnaire to reach the Dental Council office by 30 September 2017. All incomplete or incorrect forms will be returned and will not be processed by the Dental Council.

Forms can also be submitted electronically via email or fax if payment is made by credit card—contact details as below.

1. Intentions for 2017/18 Please tick the appropriate box

- I do **NOT** intend to practise in New Zealand during the period commencing 01 October 2017 and ending 30 September 2018 but wish to be retained on the register as a non-practising registrant.
- I intend to practise in New Zealand during the period commencing 01 October 2017 and ending 30 September 2018 and wish to apply for an annual practising certificate (APC). Note that the Health Practitioners Competence Assurance Act 2003 requires every health practitioner practising in New Zealand to hold a current APC.

Download, complete and return the APC application form. This is available at www.dcnz.org.nz/i-practise-in-new-zealand/dentists-and-dental-specialists/apply-for-an-annual-practising-certificate

- I do not intend to practise in New Zealand and wish to have my name **removed** from the register.

Answer Question 6 and complete the declaration at section 7

Telephone
+64 4 499 4820

Fax
+64 4 499 1668

Email
inquiries@dcnz.org.nz

Courier address
Level 11, Kordia House
109 Willis Street
Wellington 6011, New Zealand

Postal address
PO Box 10-448
Wellington 6143, New Zealand

2. Payment

Registration No:

Total amount due NZ\$126.68

- My employer / District Health Board is paying for me. Name of employer / DHB:
- I enclose a cheque payable to the Dental Council (please attach your cheque to this section)
- I wish to pay by credit card (Visa or MasterCard only)

Credit card authorisation

"I authorise the Dental Council to charge the credit card account below, with the amount of NZ\$126.68"

Credit card payment: Visa MasterCard

Card number	Expiry Date	Total amount payable (GST incl.)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> NZ\$126.68
Cardholder's signature	Date	Cardholder's name
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

3. Contact details

A) Below are your current listed contact details on the Dental Council register, please review these and make any necessary changes in section B below. Note that section 140 of the Health Practitioners Competence Assurance Act 2003 requires that all registered practitioners keep the Dental Council informed of their current postal, residential and, if applicable, practice addresses.

If you have changed your name, or your name is incorrectly reflected on the front page of the retention form – submit a change of name form with the necessary certified documentary evidence of your change of name (e.g. marriage certificate, deed poll). Officers of the Court, a Notary Public or a Justice of the Peace are authorised to certify photocopies of original documents. The form is available on our website at www.dcnz.org.nz/i-practise-in-new-zealand/change-your-details/

The Council has made a decision to move to electronic communication. To ensure that you are kept up to date with the relevant information, please ensure that your email details are correct. If you have not provided us with an email address before, please do so. If you do not have an email, the information will also be available on our website – www.dcnz.org.nz

Postal address: (Can be a street address or PO Box)	Practice address: (MUST be a street address, and NOT a PO Box)	Residential address: (if different from postal address)
Phone: Mobile: Fax: Email:	Phone: Mobile: Fax: Email:	Phone: Mobile: Fax: Email:

B) If any of the above contact details are incorrect, please provide your new contact details below.

Postal address: (Can be a street address or PO Box)	Practice address: (MUST be a street address, and NOT a PO Box)	Residential address: (if different from postal address)
Street _____	Street _____	Street _____
Suburb _____	Suburb _____	Suburb _____
City _____	City _____	City _____
Country _____	Country _____	Country _____
Postcode _____	Postcode _____	Postcode _____
Phone: _____	Phone: _____	Phone: _____
Mobile: _____	Mobile: _____	Mobile: _____
Fax: _____	Fax: _____	Fax: _____
Email: _____	Email: _____	Email: _____

4. Dental register information

Your address, phone, fax and email details can only be included in the published public register if you agree.

Which **address** details would you like published on the public register? (select only one)

None Postal *or* Practice *or* Residential

Which **contact** details, pertaining to the address chosen above, would you like published on the public register?

None All Email *and/or* Phone *and/or* Fax

5. Health Practitioner Index

Your date of birth and/or gender can only be supplied to the Ministry of Health if you agree. Answer this question by ticking either "Yes" or "No".

I agree that the Dental Council may inform the Ministry of Health of my date of birth and/or gender if this is required to verify my identity for the purposes of the Health Practitioner Index.

Yes

No

6. Conduct

Since you were last issued an APC in New Zealand, or while you have been on retention, have you been subject to:

A police investigation, pending court proceedings, and/or a conviction in any criminal proceedings (whether in New Zealand or overseas), punishable by imprisonment for a term of three months or longer by any court (including traffic offences involving alcohol and/or drugs)?

Yes *If yes, please provide evidence relating to the investigations, proceedings or convictions.*

No

7. Declaration

Please be aware it is an offence under section 172 of the Health Practitioners Competence Assurance Act 2003 to knowingly make a false or misleading declaration or representation and the penalty for committing such an offence is a fine of up to \$10,000.

I hereby declare that:

- The information I have given in this application is true and correct.
- I am aware of, and will act in accordance with, my legal obligation to notify the Dental Council of any name and/or address changes.
- I understand that extracts of the public Register, in accordance with what I have agreed to, may be provided by the Dental Council to appropriate organisations from time to time.

In signing this declaration, I also consent to the Dental Council seeking information from the Health and Disability Commissioner (HDC) pertaining to any investigations that the HDC may have about me.

Signed:

[Signature of applicant]

[Full name of applicant]

Date:

Day Month Year

The current continuing professional development (CPD) cycle runs from 01/01/2017 to 31/12/2019. Within this cycle dentists and dental specialists are required to complete 50 hours of verifiable CPD hours and seven peer contact activities. Please ensure that you are keeping up to date with your CPD to ensure you meet the requirements at the end of the cycle. For more information go to our website at www.dcnz.org.nz/i-practise-in-new-zealand/continuing-professional-development.

This completes the retention application form. Please complete the Workforce Survey on the next page. The public register on the Dental Council website is updated daily, and practitioners (or members of the public) can view their practising status at the following link: www.dcnz.org.nz

Please note that:

- to produce statistically meaningful data, we need to get back as many survey forms as possible
- the Dental Council will only use the information collected to monitor workforce trends, and will not publish information in a form that could identify individuals
- the data collected may be shared with the Ministry of Health (MOH) for the purpose of workforce planning. Similarly, the MOH will not publish the information in a form that could identify individuals

Please return the Workforce Survey along with the retention application form – do not detach this section from the application form

Name: _____ Registration number: _____

I give my permission to the Dental Council to provide the data collected from my workforce survey to the Ministry of Health for the purpose of workforce planning.

Yes

No

Section A

1. How would you describe your practising status during the period 01 October 2016 to 30 September 2017?

- Practising in New Zealand
- Practising overseas
- Overseas but not practising
- In New Zealand but not practising

2. Which ethnic group(s) do you identify with? See workforce survey guidance notes for further information.

You may choose up to three options.

- New Zealand European
- Maori
- Samoan
- Cook Island Maori
- Chinese
- Indian
- British
- South African
- South Korean
- Iraqi
- Egyptian
- Fijian
- Tokelauan
- Tongan
- Niuean
- Other European (*please specify*) _____
- Other Pacific peoples (*please specify*) _____
- Other East Asian (*please specify*) _____
- Other Asian (*please specify*) _____
- Other (*please specify*) _____
- I do not wish to answer this question

3. Do you intend to practise in New Zealand over the next five years?

- Yes**
- No**

4. During the period 01 October 2016 to 30 September 2017 did you undertake any postgraduate training that could lead to registration in a scope of practice with the Dental Council?

Yes

(a) Name of qualification

(b) Date of completion, or anticipated completion:

No

Section B

Only complete Section B if you have been **practising** during the period 01 October 2016 to 30 September 2017

5. Please enter the address where you **mostly** practised in the period 01 October 2016 to 30 September 2017. See workforce survey guidance notes for further information.

Street/Road name

Suburb or rural locality

City, town or district

Postal code

Country (if not New Zealand)

6. On average, how many hours **per week** did you work during the period 01 October 2016 to 30 September 2017?

hrs/week

7. If you were **practising in New Zealand**, how would you break down the average number of hours worked **per week**, as listed in question 6, across your scope of practice and type of employment? If you have more than two jobs, show the two in which you have worked most hours (see workforce survey guidance notes for further information).

Answer only A or B

- **Dentists answer A only**

- **Dental specialist** registered with the Dental Council, or a specialist trainee, answer **B** only.

A – DENTISTS

Hours of work per week

Scope of practice activities	Main type of employment (Employment type in which you work the greatest number of hours)	Second type of employment – if applicable (Employment type in which you work the next greatest number of hours)
General dentistry	Hrs	Hrs
Dental therapy work	Hrs	Hrs
Dental hygiene work	Hrs	Hrs
Orthodontic auxiliary work	Hrs	Hrs
Dental technician work	Hrs	Hrs
Clinical dental technician work	Hrs	Hrs
Teaching (use only if you were employed to teach)	Hrs	Hrs
Administration / management (use only if you were employed in administration/management)	Hrs	Hrs
TOTAL	Hrs/week	Hrs/week

GRAND TOTAL*

*Grand total hrs/week should align with your response to question 6

B – DENTAL SPECIALISTS OR SPECIALIST TRAINEES		Hours of work per week	
Scope of practice activities	Main type of employment (Employment type in which you work the greatest number of hours)	Second type of employment – if applicable (Employment type in which you work the next greatest number of hours)	
Endodontic	Hrs		Hrs
Special needs (<i>Hospital Dentistry</i>)	Hrs		Hrs
Oral medicine & oral pathology	Hrs		Hrs
Oral surgery	Hrs		Hrs
Oral & maxillofacial surgery	Hrs		Hrs
Orthodontic	Hrs		Hrs
Paediatric dentistry	Hrs		Hrs
Periodontic	Hrs		Hrs
Public health dentistry (<i>community dentistry</i>)	Hrs		Hrs
Research	Hrs		Hrs
Restorative dentistry	Hrs		Hrs
Prosthodontic	Hrs		Hrs
Teaching (use only if you were employed to teach)	Hrs		Hrs
Administration / management (use only if you were employed in administration / management)	Hrs		Hrs
General dentistry	Hrs		Hrs
Other (<i>Please specify</i>)	Hrs		Hrs
TOTAL		Hrs/week	Hrs/week

GRAND TOTAL*

*Grand total hrs/week should align with your response to question 6

8. If you were practising in New Zealand, please tick to show your type(s) of employment.

Type of Employment	Main type of employment	Second type of employment
Self-employed:-		
In sole practice		
In a group practice		
Employee:-		
Of a private practice <i>Please specify type of practice (e.g. orthodontic specialist)</i>		
Of a DHB <i>Please specify name of DHB</i>		
Of a university		
Of a government department or ministry (<i>not Ministry of Health</i>)		
Of the Ministry of Health		
Of an iwi organisation		
Other (<i>Please specify</i>)		

9. If you were practising less than a total of 35 hours per week, what was the main reason for doing so? Please choose ONE (see workforce survey guidance notes for further information).

- Studying
- Health issues
- Doing non-dental work
- Not enough dental work available
- Seeking dental employment
- Semi-retired from practice
- Parental responsibilities, including maternity and paternity leave
- Personal choice
- Other (*please specify*)

Section C

Only complete Section C if you have **not** been practising during the period 01 October 2016 to 30 September 2017

10. While not practising, which of these best describes your employment status during this period?

- Working in another health profession
- Working in a non-health profession
- Full-time student
- Parental duties
- Other unpaid work
- Seeking work
- Retired

Thank you for your time and co-operation. Please return this form with your retention application

The Workforce Survey GUIDANCE NOTES

Dental Council
Te Kaunihera Tiaki Niho

The Workforce Survey Questionnaire seeks information about your practice in the year 01 October 2016 to 30 September 2017. You are asked to complete the survey as if you were completing it on 30 September 2017.

Section A: To be completed by all practitioners

Section B: To be completed if you **practised** during the year ending 30 September 2017

Section C: To be completed if you have **not practised** during the year ending 30 September 2017.

You must indicate whether you give the Dental Council permission, or not, to disclose the data collected from your workforce survey to the Ministry of Health, for the purpose of workforce planning.

Question 2 – Ethnic group

You may tick up to three ethnic groups. The ethnic groups listed are a combination of the Statistics New Zealand Standard Classification and the current profile of oral health practitioners on the dental register.

Question 5 – Practice address

More than one practice address

If you work in more than one practice, please record the address of the practice in which you worked the most number of hours in a typical week. If you spend your time evenly between two or more practices, please nominate one address as your main practice address and record that address.

Change of employer

If you had more than one practice address because you changed employers during the year, please record the address where you worked for the longest period.

Questions 6 & 7 – Hours worked

If you work a variable number of hours per week, please record the average number of hours you worked in a typical week in Questions 6 & 7. For example five days/week on an average of eight hours/day, a total of 40 hours/week.

Question 7 is a breakdown of that average number of hours worked per week across your scope of practice activities, by employment type.

Questions 7 & 8 – Type of employment

Questions 7 and 8 relate to the type and extent of your employment during the period 01 October 2016 to 30 September 2017.

The main type of employment relates to the job in which you worked the greatest number of hours, and the second type of employment to the next greatest number of hours worked.

For question 7, if you have more than one type of employment, then allocate the average number of hours by scope of practice across two types of employments.

Question 9 – Reason for part-time work

For the purpose of this survey, part time work is defined as a total of **less than** 35 hours worked per **week across all employments**. This should not include contract work as part of, or in addition to, your normal weekly employment arrangements.

Dental Council

Te Kaunihera Tiaki Niho