

APPLICATION TO JOIN WOODHALL DENTAL PRACTICE

Ref No: _____



PLEASE WRITE IN CAPITAL LETTERS ONLY

Title:	Full Name:			Please attach your current passport size photo here or send us an electronic copy via email with this application form.
Address:				
Town:	County:	Post Code:		
Tel: (H)	Tel: (W)	Mobile:		
Email:				
Date of Birth: / /	Gender (Please Circle) Male Female		Marital Status:	
Place of Birth:	Nationality:		Ethnic Group:	
Occupation:	NHS No:		Nat Ins No:	
Do you have any family members from the same household who are already registered here? (Please circle) Yes / No If yes, please give name of the registered member →				
Who was your last Dentist?			When did you last see your Dentist?	
Has any dental practice refused to accept you as a patient? (Please circle) Yes / No (if yes, please give reason in the box below)				
Where did you hear about us?				
Please choose by ticking one box only which scheme you would like to register under from the following four schemes				
PRIVATE SCHEME	Advanced treatments + Choice of state-of-the-art materials + Flexible appointment times + Competitive prices + No Waitlist.			
INDEPENDENT SCHEME	Standard treatments + Wider choice of standard materials + Specific appointment times + Reasonable prices + No Waitlist.			
EMERGENCY SCHEME	Advanced treatments + Advanced materials + Flexible appointment times + Same day appointments + Competitive prices + No Waitlist.			
Please note if you choose the NHS scheme, there is currently a long waitlist to get an appointment with the dentist. If you need to see the dentist sooner, please choose one of the other alternative schemes shown above.				
NHS SCHEME - WAITLIST	Fixed prices + Standard treatments + Standard materials + Specific appointment times + Long waitlist.			
NHS Patients only - If you are exempt from NHS dental charges, please tell us the reason by ticking the box below				
Under 18 years <input type="checkbox"/> Under 19 years & in full time education <input type="checkbox"/> Pregnant <input type="checkbox"/> Had a baby in the last 12 months <input type="checkbox"/>				
Income Support <input type="checkbox"/> JSA/ESA <input type="checkbox"/> Pension Credit Guarantee <input type="checkbox"/> Universal Credit <input type="checkbox"/> Tax Credit <input type="checkbox"/>				
HC2 Certificate <input type="checkbox"/> HC3 Certificate <input type="checkbox"/>				
Proof of Exemption:	Certificate No:		Expiry Date: / /	
What is the reason for coming to this practice? (Please tick box)				
Emergency <input type="checkbox"/>	Recommendation <input type="checkbox"/>	Recommended by:	Taken off the NHS list <input type="checkbox"/>	Other (Please give details)
I agree to pay for my course of treatment on each visit for the work done on that day. (Failure to make payment will result in erasure of your name from the Dentist's Register). I understand that to restore my name back on the register I must first settle my outstanding account in full plus a reinstatement fee of £50). I also confirm that I have read all the notices on your Notice Board and am aware of your cancellation policy. By signing below, I confirm to abide to your policies and accept the terms & conditions of your practice.				
Signature:			Date	

DATA PROTECTION ACT & GDPR – We may use the information we collect in connection with your application, and from the management of your account, for administration, marketing credit risk assessment and for other related purposes. We may also pass information to other organizations outside our group who perform these activities on our behalf. We may share information about you within our group. By signing this registration, you will be giving us your consent to do this. We may use and share your information in order to contact you about our services and products and for host mailings on behalf of other carefully selected organizations that may be of benefit to you. You will be asked to sign a separate GDPR consent form when you come for an appointment.