

PERSONAL DECLARATION FORM

Nota:

- a. **The Malaysian Dental Council** (Council) reserves all rights to withhold or to terminate an application for registration or to take any action it deems fit, if any information or documents tendered is found to be false.
- b. It is a criminal offence to make a false statement, or to provide false information or documents to the Council.
- c. The Council may make any enquiries or obtain any information and documents that it deems appropriate from any party.
- d. If you are unsure about whether a matter is important, please inform the Council about it and provide full details to enable the Council to make a decision.
- e. The information provided in this application will be used only for the purpose of this registration and treated with the strictest confidentiality.

A. PERSONAL DETAILS

Name :

Identity Card/ Passport No. :

B. HEALTH STATUS

1. Health condition

a. Do you have any health problems such as blood borne diseases (HIV/AIDS, Hepatitis B, Hepatitis C), physical weakness, mental weakness? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section C – Disciplinary Record)	Yes/ No
b. Please state the full nature of the condition. (Please provide details in a separate sheet)	
c. What was the date of the first diagnosis?	

2. Current status of health condition

a. How does the condition affect you? (Please provide details in a separate sheet)	
b. What was the date of the most recent episode or occurrence?	
c. Details of treatment and advice received following the most recent episode or occurrence. (Please provide details in a separate sheet)	

d. Details of the medical practitioner who are currently treating you (Name, Qualifications, Address, Telephone number and Email). (Please provide details in a separate sheet)	
e. Please state if your condition has resulted in any of the following:	
(i) Interruption or restriction of practice of dentistry. (Please provide details in a separate sheet)	Yes/ No
(ii) Referral to occupational health or for health assessments. (Please provide details in a separate sheet)	Yes/ No

3. Employment

a. Have you been employed before? (If the answer to the question is “Yes” please complete the rest of this section. If the answer is “No”, please go to Section C – Disciplinary Record)	Yes/ No
b. Did you inform your employer of your condition?	Yes/ No

C. DISCIPLINARY RECORD

a. Have you ever been reprimanded, suspended or deregistered by a dental regulatory authority? (If the answer to the question is “Yes” please complete the rest of this section. If the answer is “No”, please go to Section D – Criminal Record).	Yes/ No
b. Details of the regulatory authority that imposed the sanction, including your reference/ registration number; documentary evidence of the sanction imposed; and a full statement from you of the background and grounds of the sanction. Information of any appeal on the sanction (successful or not) must be submitted. (Please provide details in a separate sheet)	
c. Have you ever been refused registration or a license to practice by any dental regulatory authority?	Yes/ No
d. Details of the regulatory authority who refused registration; documentary evidence of the grounds for refusal; and a full statement from you as to the background and grounds for the refusal. Information of any appeal on the refusal for registration (successful or not) must be submitted. (Please provide details in a separate sheet)	
e. Has an employer ever taken disciplinary action against you?	Yes/ No

<p>f. Documentary evidence of the nature of the disciplinary action undertaken by the employer; contact details (Names, Address, Telephone number and Email) of person(s) involved at the employing organisation that we can approach to secure further information and details; and a full statement on the nature of the allegation and any other information you would wish us to consider. Information of any appeal including legal action (successful or not) must be submitted. (Please provide details in a separate sheet)</p>	<p>Yes/ No</p>
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D. CRIMINAL RECORD

<p>a. Have you ever been convicted of an offence in a court of law or been cautioned? (If the answer to the question is “Yes” please complete the rest of this section. If the answer is “No”, please go to Section E – Declaration)</p>	<p>Yes/ No</p>
<p>b. Details of the conviction; date of the conviction, name and address of the court; and the details of the penalty (if applicable) that was imposed. (Please provide details in a separate sheet)</p>	

E. DECLARATION

<p>I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein are true. To the best of my knowledge and belief, I have not withheld any material fact.</p>	
<p>I consent to the Malaysian Dental Council contacting any of the medical practitioner, the person and the authority listed above should the Council decides to do so.</p>	
<p>Signature: Name:</p>	<p>Date:</p>