

Denplan Excel Accreditation Registration

Section One – Programme Details

Denplan Excel

Denplan Excel for Children

BOTH

Section Two – Dentist Details

GDC Number:

Title: Forename(s): Surname:

Date of Birth (dd/mm/yy): Male Female Qualifications

Practice Name:

Practice Address:
(at which to be accredited):

Postcode: E-mail address:

Practice Telephone (inc code):

Additional practice location at which to be accredited (if applicable):

Address:

Postcode: E-mail address:

Billing Address (if different from above):

Address:

Postcode: E-mail address:

Section Three – Membership Details

Are you a member of Denplan? Yes No*

If yes, please insert your membership number:

If no, do you treat Denplan patients? Yes No

*In order to participate in the Denplan Excel Accreditation Programme it is necessary for you to join Denplan. Please request a Denplan Joining Pack by calling freephone 0800 328 3223.

Under which registration facility/ies will you be treating Denplan patients?

Registration Number: Owned by (Goodwill owner's name):

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Will you also be treating the majority/all private fee-per-item patients under Denplan Excel? Yes No

Confirmation of payment method for Denplan Excel Accreditation

Please list the dentists in your practice that you would like this payment method to cover:

Name: Denplan Number: GDC Number:

Name: Denplan Number: GDC Number:

Name: Denplan Number: GDC Number:

Name: Denplan Number: GDC Number:

Name: Denplan Number: GDC Number:

Name: Denplan Number: GDC Number:

Please tick your chosen payment method:

Monthly by Direct Debit.

Annually by cheque.

Annually by credit card.

Your Denplan Practice Support Advisor will call you shortly to collect your payment details.

Please remember to fill in details on reverse side

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Section Four – Your Agreement

I wish to participate in the process leading towards Accreditation under the Denplan Excel Accreditation Programme.

I confirm that:

- I have read and agree to comply with the Terms and Conditions of Denplan Excel Accreditation Programme.
- I have read and agree to comply with the Denplan Excel Accreditation Programme. Statement of Principles.
- The details on this form are correct and complete.

Dentist signature

Date (dd/mm/yy)

If you are not the goodwill owner, the goodwill owning dentist is required to signify his consent (below) to your application to join the Denplan Excel Accreditation Programme.

Goodwill Owner name

Date (dd/mm/yy)

I the Goodwill Owing dentist provide consent for the above named dentist to apply to join the Denplan Excel Accreditation Programme.

Training Programme

We recommend that all members of the practice team attend Denplan Excel Training, but the minimum requirement is the dentist and at least one member of chairside staff.

Please complete the details below and return in the pre-paid envelope provided.

We will contact you on receipt of your application to arrange a suitable date for training.

Names of members of the practice team wishing to attend:

First Name:

Surname:

Job Title:

Preferences for Denplan Excel Training day:

Date (dd/mm/yy): Times: to Date (dd/mm/yy): Times: to

Days/times which are NOT convenient:

Date (dd/mm/yy): Times: to Date (dd/mm/yy): Times: to

Date (dd/mm/yy): Times: to Date (dd/mm/yy): Times: to

Preferences for Denplan Excel Practice Assessment day: (approx 12 weeks after training day)

Date (dd/mm/yy): Times: to Date (dd/mm/yy): Times: to

Days/times which are NOT convenient:

Date (dd/mm/yy): Times: to Date (dd/mm/yy): Times: to

Date (dd/mm/yy): Times: to Date (dd/mm/yy): Times: to