

VHI DENTIST / ORAL SURGEON REGISTRATION APPLICATION FORM

- **Important Note:** Completion of this form does not constitute acceptance by Vhi Insurance DAC of a doctor’s registration on our files.
- It is the duty of the Provider when registered to notify us immediately of any changes to their circumstances and also most importantly any change to their Dental Council of Ireland registration.

If in the event a doctor makes an application to Vhi and some or all of which is subsequently found to be false or erroneous, Vhi reserves the right to re-coup benefits paid and report the matter to the relevant statutory body

| | |
|--|---------------------------|
| Have you previously been registered with Vhi Insurance DAC? | Choose an item. |
| If the answer is yes please provide us with your Vhi Doctor Code: | Click here to enter text. |

Question 1 – Irish Dental Council Registration Details

| | |
|-----------------------------|-----------------------------|
| Date of registration | Click here to enter a date. |
| Registration Number | Click here to enter text. |
| Specialty | Choose an item. |
| Type Of Registration | Choose an item. |

* **Have you been subject to a Fitness to Practice Inquiry in any jurisdiction?** Choose an item.

If yes, please provide us with details of any such Inquiry.

**The purpose of this question is to ensure that you have not been sanctioned by a Dental Council Body in any jurisdiction which has resulted in conditions against your registration/suspension.*

Question 2 – Contact Details

| | | | |
|-------------------|---------------------------|---------------------|---------------------------|
| Title: | Click here to enter text. | First Name: | Click here to enter text. |
| Surname: | Click here to enter text. | Maiden Name: | Click here to enter text. |
| Mobile No: | Click here to enter text. | E Mail: | Click here to enter text. |

Question 3 – Address Details

| Correspondence Address * | | | | | |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Correspondence Address Details * | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

* Please note all correspondence in relation to your VHI Doctor Code will be sent to your correspondence address only

Question 4 – Practice Address Details & Secretary Details

| Practice Address | | | | | |
|---------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Practice Address Details | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Practice Tel No: | Click here to enter text. | | Practice Fax No: | Click here to enter text. | |

| Practice Manager/Secretary Practice Details* | |
|--|---------------------------|
| Practice Secretary Title | Click here to enter text. |
| Practice Secretary First Name | Click here to enter text. |
| Practice Secretary Surname | Click here to enter text. |
| Practice Secretary Unique Mobile No | Click here to enter text. |
| Practice Secretary Unique Email address | Click here to enter text. |

* Please note that these practice manager or secretary details are required for them to register for access to the eSchedule. The email address and mobile phone number that you will register for the eSchedule cannot be the same as your secretary/practice manager. Contact details provided to Vhi Insurance will not be shared with any other third party. Details on how to register for the eSchedule will be explained in your registration confirmation letter.

Question 5 – Dental Services

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| Please clarify details of the services that you intend to provide in the clinic/hospital. If you are working in a hospital please provide us with a letter of appointment from this hospital(s). | Click here to enter text. |
| Are there established facilities in the hospital available to you to perform these services? | Choose an item. |
| Is this a new service being provided in the hospital for the first time and have these facilities been approved by Vhi Insurance DAC? | Choose an item. |

Question 6 – For Oral Surgeons Only

List below your current hospital(s) and the dates as requested please:

You will only be eligible for registration for Hospitals approved by Vhi Insurance

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|---|---|
| Do you hold an appointment in a hospital in the Republic of Ireland or Northern Ireland? If so please confirm the following: | Choose an item. |
| Name of Hospital(s) | Commitment / Number of sessions (Number of hours per week) |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Are you solely engaged in Private Practice in a private hospital in the Republic of Ireland/Northern Ireland? | Choose an item. |

Question 7 – Tax Reference Number/Billing Entity

In accordance with the Tax Consolidation Act 1997 Vhi Insurance DAC is obliged by law to deduct Withholding Tax.

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| How do you intend to bill Vhi Insurance DAC? | Choose an item. |
| Please provide your PPS / Partnership / Company Tax Reference Number*: | Click here to enter text. |
| Can you confirm the Tax Type which you are registered with the Revenue Commissioners? | Choose an item. |

* We are obliged by the Revenue Commissioners to request the above information and official documentary evidence of your tax registration name, tax number and tax type for that tax number,-please provide.

Question 8 – Tax Reference Number/Billing Entity

If Partnership or Company please provide us with the following details:

| | |
|----------------------------------|---------------------------|
| Company/Partnership Name: | Click here to enter text. |
| Company Number: | Click here to enter text. |

Question 9 – Provider Mandate: Electronic Payment Instructions

| | |
|--|---------------------------|
| Provider Name / Company Name: | Click here to enter text. |
| Account Name: | Click here to enter text. |
| Bank Identifier Code (BIC): | Click here to enter text. |
| International Bank Account Number (IBAN): | Click here to enter text. |

Data Protection Statement:

“The information you provided in this “Vhi Registration Application Form” will be processed by Vhi Insurance DAC for the sole purpose to consider your eligibility as a “participating consultant and, if your application is successful, to progress your registration with us. Vhi will process your personal data on the basis that it is necessary for the performance of our contract with you or to process this data prior to entering into a contract. If your application is successful, the relationship with respect to data privacy between you and Vhi shall operate in accordance with the terms set out in the Schedule of Benefits for Professional Fees which constitute the basis of the Agreement with Vhi.

We will share your information with the following:

- *Service providers - We rely on trusted third parties to help us run the Vhi business and to provide us with specialised services. These can include companies that provide IT services (e.g. scanning and uploading letters from customers and hosting data when providing software services). These can also include legal advisors, accountants and consultants. Where our service providers have access to your personal data, we ensure they are subject to appropriate contracts and other safeguards.*
- *Regulators - In certain circumstances Vhi is obliged to provide information to a regulator, (e.g. in the investigation of complaints).*
- *Group companies - Vhi consists of a number of separate companies. Some of these companies provide services to each other which may involve the sharing of your personal data between one or more group companies.*

If your application is unsuccessful we will retain your personal data for a period of no greater than 2 years. If your application is successful we will retain your personal data in accordance with our record retention policies. The record retention policies operate on the principle that we keep personal data for no longer than is necessary for the purpose for which we collected it, and in accordance with any requirements that are imposed on us by our regulators or by law. This means that the retention period for your personal data will vary depending on the type of personal data. For further information about the criteria that we apply to determine retention periods please see below:

- *Statutory and regulatory obligations - As we work in a highly regulated industry, we have certain statutory and regulatory obligations to retain personal data for set periods of time.*
- *Managing legal claims - When we assess how long we keep personal data we take into account whether that data may be required in order to defend any legal claims which may be made. If such data is required, we may keep it until the statute of limitations runs out in relation to the type of claim that can be made (which varies from 2 to 12 years).*
- *Business requirements - As we only collect personal data for defined purposes, we assess how long we need to keep personal data for in order to meet our reasonable business purposes”*

Your information is stored in the European Economic Area (EEA). However, if we transfer your personal data outside of the EEA we will ensure that appropriate measures are in place to protect your personal data and to comply with our obligations under applicable data protection law.

You have various rights under data protection law, subject to certain exemptions, in connection with our processing of your personal data:

- *Right to access the data - You have the right to request a copy of the personal data that we hold about you, together with other information about our processing of that personal data.*
- *Right to rectification – You have the right to request that any inaccurate data that is held about you is corrected, or if we have incomplete information you may request that we update the information such that it is complete.*
- *Right to erasure – You have the right to request us to delete personal data that we hold about you. This is sometimes referred to as the right to be forgotten.*
- *Right to restriction of processing or to object to processing – You have the right to request that we no longer process your personal data for particular purposes, or to object to our processing of your personal data for particular purposes.*
- *Right to data portability – You have the right to request us to provide you, or a third party, with a copy of your personal data in a structured, commonly used machine readable format.*

In order to exercise any of the above rights, please contact us using the contact details set out below.

If you have any queries in relation to the processing of your personal data, we have appointed a Data Protection Office that you can contact as follows: by post at Data Protection Officer, Vhi, Vhi House, Lower Abbey Street, Dublin 1 or by e-mail at dataprotection@vhi.ie

For Oral Surgeons Only:

Q10 - Participation in Vhi Insurance’s DAC Full Cover Scheme

The Full Cover Agreement form will be issued to you directly by e-mail for signing once your application has been approved and prior to a Doctor Code being assigned.

Checklist - Required Documents for all Applicants

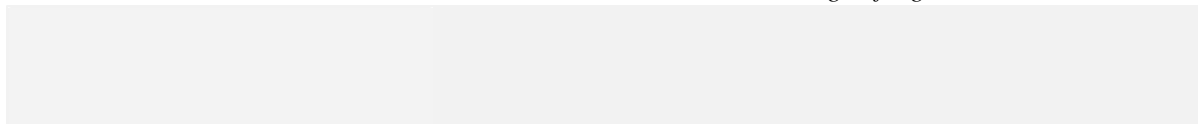
| | |
|---|--------------------------|
| Have you include the following with your application? | |
| Incomplete application will cause a delay with your application being processed for registration | |
| For All Applicants | |
| (a) A full comprehensive Curriculum Vitae(*see note below) | <input type="checkbox"/> |
| (b) Evidence of your current registration maintained by the Dental Council of Ireland | <input type="checkbox"/> |
| (c) A copy of your Passport in colour showing a photograph and signature | <input type="checkbox"/> |
| (d) A clear recent photo in addition to your passport photo. (the reason for this is to eliminate impersonation or identity theft) | <input type="checkbox"/> |
| (e) Documentary evidence from the Revenue Commissioners confirming your Tax Registration Name, Tax Number and Tax Type. Please note that we will only accept official documentation from the Revenue Commissioners confirming these details – any other form of documentation is not acceptable. | <input type="checkbox"/> |
| For Applicants working in a Private Hospital | |
| (f) A copy of your letter(s) of admitting/practising privileges from the hospital(s) where you intend to practise. | <input type="checkbox"/> |

*** If there are any gaps in your Curriculum Vitae please bring to our attention and let us know the reason for these gaps.**

Declaration

I hereby declare that all the information furnished with this application and that all supporting documents and copies of other documents enclosed are true and valid.

** Click icon below to insert image of signature*



Signed: _____ **Date:** _____ [Click here to enter a date.](#)