

BDA Good Practice

Application for membership

Practice name:					
Practice address:					
Practice postcode:					
Practice telephone number:					
Practice email address:					
Practice website address:					
Practice/ Premises Owner(s)/ Leaseholder:	<table border="1"><thead><tr><th>Name & address</th><th>GDC number</th></tr></thead><tbody><tr><td colspan="2">(please continue on a separate sheet if necessary)</td></tr></tbody></table>	Name & address	GDC number	(please continue on a separate sheet if necessary)	
Name & address	GDC number				
(please continue on a separate sheet if necessary)					
CQC (Eng), RQIA (N.Ire), HIS (Sco), HIW (Wales) registration number					

In making this application, we declare that:

1. We have undertaken the BDA Good Practice self-assessment in good faith and have assured ourselves that our working methods enable us to comply with the BDA Good Practice requirements
2. We are applying for BDA Good Practice membership and are ready for an assessment (2.5 hours duration), please arrange for an assessor to contact us to arrange a mutually convenient time to visit our practice.
3. We understand the purpose of the scheme and have individually indicated our support for BDA Good Practice
4. In the event of our being accepted as members of BDA Good practice, we will comply with all the rules of the scheme, including amendments or additions to the requirements which the British Dental Association may introduce from time to time, as shown on the website www.bda.org/goodpractice
5. We understand that a new BDA Good Practice self-assessment will be required to continue our membership beyond three years and that we must return the BDA Good Practice plaque to the BDA if our membership of BDA Good Practice ceases for any reason.

Lead applicant:	
Contact telephone number and email:	
Further information about contacting the practice:	

Type of practice (please tick):

Community Dental Service/ Salaried Dental Service General Dental Practice Orthodontics Specialist Referral
NHS Mixed Private

Please list on a separate sheet all linked practices within the group, if applicable.

We understand that the application process is time-critical and that it is our responsibility to ensure an effective communication channel with BDA Good Practice whilst our application is being considered.

Signed on behalf of the practice: Date:

Fees are revised each year. The current fees can be viewed at: www.bda.org/goodpractice. Alternatively, you can contact the BDA Good Practice team on 020 7563 4598.

PART 1: Assessment Fee

Payment by cheque (made payable to the BDA): amount enclosed with application £

Payment by card: amount to be charged/debited £

Credit card Debit card Visa MasterCard Maestro

Name of card holder:

Security code: Issue number: Valid from: Expiry date:

Card number:

Billing address and telephone number if different from the practice address:
.....
.....

Postcode:

Telephone:

Signature: Date:

PART 2: Membership Fee

Payment by cheque (made payable to the BDA): amount enclosed with application £

Payment by card: amount to be charged/debited £

Credit card Debit card Visa MasterCard Maestro

Name of card holder:

Security code: Issue number: Valid from: Expiry date:

Card number:


Billing address and telephone number if different from the practice address:
.....
.....

Postcode:

Telephone:

Signature: Date:

Payment by annual Direct Debit

<h1>BDA</h1>		<h2>Instruction to your Bank or Building Society to pay by Direct Debit</h2>			
<p>Please fill in the whole form using a ball point pen and send to: Good Practice Scheme, British Dental Association, 64 Wimpole Street, London W1G 8YS</p>					
To: The Manager Address Post code		Bank/Building Society		Service user number <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"/>	
Name(s) of Account Holder(s)		Reference		Instruction to your Bank your Building Society Please pay British Dental Association Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the British Dental Association and, if so, details will be passed electronically to my bank/Building Society.	
Bank/Building Society account number		Signature(s)		Date	
Branch Sort Code		Banks and Building Societies may not accept Direct Debit Instructions for some types of account			

Electronic privacy

From time to time the BDA will communicate with its members by email. Such communications may include information relating to BDA products, services and events. You are able to opt out of receiving these communications at any time.

Occasionally the BDA may provide some of this information (excluding 'sensitive personal data') to other organisations for the purposes of ensuring that you get the most from your membership. This will only be done, however, when the BDA has approved by licence or other agreement the way in which those organisations will use the information to enhance the value of BDA membership.

If you do not wish any other organisation to receive any information about you, please tick here

Data Protection Act

The BDA will hold your personal details on its computer database and process it in accordance with the Act. This information may be accessed, reviewed and used by the BDA for administrative purposes (for example, processing your membership) and conducting market research. All of these purposes have been notified to the Information Commissioner. If you are based outside the European Economic Area (EEA), information about you may be transferred outside the EEA in accordance with the requirements of the Act.

If paying by cheque, please provide separate cheques for each of the payments. Assessment fees are non-refundable. Membership fees are processed 'post assessment' as membership is dependent upon an assessor confirming compliance with the BDA Good Practice standard.

This guarantee should be detached and retained by the payer

The Direct Debit Guarantee



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit the British Dental Association will notify you five working days in advance of your account being debited or as otherwise agreed. If you request the British Dental Association to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by the British Dental Association or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when the British Dental Association asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Professional conduct Questionnaire

1. Are any dentists or DCPs associated with the practice, making an application to BDA Good Practice, currently subject to an investigation by the GDC, NHS or another professional body?

Yes No

If yes please provide details:

.....

.....

2. Do any GDC registrants working at the practice have conditions placed on their registration by the GDC or have their registration suspended?

Yes No

If yes please provide details:

.....

.....

I hereby confirm this information to be true and correct.

Practice Owner print name: signature:

Principal Dentist print name: signature:

Practice name address and postcode:

.....

.....

Date:

Information will be held in strict confidence and will be considered individually.

Please send to:

BDA Good Practice, British Dental Association, 64 Wimpole Street, London W1G 8YS