



Application Form

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|---------------------|-----------------------|
| Laboratory Details: | Telephone Number: |
| | Fax Number: |
| | Email: |
| | Website: |
| | MHRA Number: CA |
| | Date Lab Established: |

Full Name of Laboratory Owner(s):

Type of Work Carried Out On Premises:

| | | |
|---------------|------------------------|--------------|
| Implants | Mouthguards | Orthodontics |
| Prosthetics | Crown & Bridge | Chromes |
| Maxillofacial | Other (please specify) | |

Type of Service:

| | | |
|----------|--------------|-----|
| NHS Only | Private Only | Mix |
|----------|--------------|-----|

Staff Profile – Please Specify the number of:

| | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Owner(s) GDC Registered | <input type="checkbox"/> Lab Assistant(s) | |
| <input type="checkbox"/> Owner(s) Non-GDC Registered | <input type="checkbox"/> Trainee(s) | <input type="checkbox"/> Total |
| <input type="checkbox"/> GDC Registered Dental Technician(s) | <input type="checkbox"/> Others (Drivers, Admin Staff etc.) | |

| Name of Registered Technician (s) | Registration Number | Registration Date |
|-----------------------------------|---------------------|-------------------|
| | | |
| | | |
| | | |
| | | |
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Membership Consent

The DLA will hold your personal data on its computer database and process it in accordance with the Act. This information may be accessed, reviewed and used by the DLA for administrative purposes (for example processing your membership application/renewal and contacting you in respect of your membership) and conducting market research. All of these purposes have been notified to the Information Commissioner.

| | | |
|-------------------------|--|-------------|
| DLA Membership Database | <p>As a member of the DLA, your data is entered onto the DLA membership database, which is a secure bespoke membership database used by the DLA. This electronic database is backed up every night via a cloud backup and is protected by the latest ESET anti-virus software, which is one of the leading anti-virus softwares on the market.</p> <p>The information held is:</p> <p>Front Page: Member Level, Business Type, Member Area, Business Name,Address,1st Contact Name,2nd Contact Name, Telephone Number, Fax Number, Email address Second Email address, Website address, Joining Date, Renewal Date, Pay reference, Invoice Amount ,Number of employees, BBM Member</p> <p>Under Attributes: MHRA number, Disciplines e.g. Crown & bridge, prosthetics etc, Private or NHS DAMAS accredited</p> <p>Archive: Any specific membership related documents including application form</p> <p>Purchases A record of any products purchased or sent out foc</p> <p>Along with this information, we scan your completed application form and any other correspondence, paper or electronic, onto the database for reference and make notes from telephone calls.</p> <p>I give my consent for the above data and any other correspondence I send to the office to be saved onto this database.</p> <p>We use this information to send relevant correspondence to you.</p> | PLEASE TICK |
| DLJ | <p>I would like to give consent for the DLA to give the following data to the 3rd Party Postal Company for the purpose of printing the Dental Lab Journal. I understand the following information will be transferred via secure email in excel format.</p> <p>Name ,Company Name, Full Postal Address, Postcode</p> | PLEASE TICK |
| DLA | <p>I would like to give consent for the DLA to use the following data stored on their database for in house postage.</p> <p>Name ,Company Name, Full Postal Address, Postcode</p> <p>The DLA currently uses a 3rd party platform to email its membership relevant membership, professional, and business information. The following data is uploaded onto the third party platform:</p> <p>Email Address</p> <p>I would like to give consent for the DLA to use the following data stored on their database for membership emails</p> | PLEASE TICK |
| DLJ | <p>I would like to give consent for the DLA to give the following data to the 3rd Party Postal Company for the purpose of printing the Dental Lab Journal. I understand the following information will be transferred via secure email in excel format.</p> <p>Name ,Company Name, Full Postal Address, Postcode</p> | PLEASE TICK |
| DLA Website | <p>I would like to give consent for the DLA to use the following data for publication on their DLA Website. I recognise that this information is in the public domain.</p> <p>Name ,Company Name, Full Postal Address, Postcode, Telephone number</p> <p>I would like to give consent for the DLA to use additional information about my business for the purpose of the DLA website, which will be provided by me or someone from my business.</p> | PLEASE TICK |
| DLA Affiliate | <p>I would like to give consent for the DLA to give DLA Affiliates the following data within an excel file</p> <p>Name, Company Name, Full Postal Address, Postcode, Telephone number</p> | PLEASE TICK |
| Opt out | <p>I recognise that I can opt out of any of the above by contacting the DLA office on 01159 575371 between the hours of 9am to 4pm</p> | PLEASE TICK |

DLA Code of Practice

I/We (the undersigned) agree to abide by the DLA Code of Practice and I/We confirm that the above information given on this form is accurate and true. To be signed by Owners/Directors or Lab Manager

Signed:

Date:

Print Name:

Please return this form together with a cheque for the £50.00 Administration Fee (Non-refundable) to:

Membership Department, Dental Laboratories Association, 44-46 Wollaton Road, Beeston, Nottingham, NG9 2NR
or email to angela@dla.org.uk. Tel: 0115 9575 371 Fax: 0115 925 4800



Code of Practice

1. To provide clear descriptions of products and services offered and their prices and to ensure that all marketing material is truthful.
2. Draw up terms and conditions of payment, which include contractual guidance on dispute etc. Including this Code and especially item 9, and to have full insurance cover including public and product liability.
3. Have in place an effective complaints handling system.
4. To establish clear, efficient methods of communication with clients including appropriate laboratory staff properly trained in communication skills.
5. Be committed to training and education of laboratory staff witnessed by properly kept and up to date training records* and at least a yearly review (recorded) of the training and educational requirements of all staff.
6. Take due care and attention to minimise any inconvenience to patients and to protect confidential patient information.
7. To fully comply with the Medical Devices Directive (MDD).
8. In the event of failure of the laboratory's in-house complaints system to settle any dispute, and at the request of the client, to submit to mediation.
9. In the event of mediation failing, *"Any dispute or difference arising out of or in connection with this Code shall be determined by the arbitration of a single arbitrator to be agreed between the parties, or failing agreement within fourteen days, after either party has given to the other a written request to concur in the appointment of an arbitrator, by an arbitrator to be appointed by the President or Vice President of the Chartered Institute of Arbitrators."*

*MDD Requirement.