



**Australian
Dental
Council** LTD

ABN 70 072 269 900

Application for Review - Practical Examination

You should carefully read the **Appeals Policy for the Practical Examination** before completing this form. Late and/or incomplete applications will not be accepted.

PE-3 V3

Name		ADC Reference No.	OFFICE USE ONLY Date Received Stamp
<input type="text"/>		<input type="text"/>	
Exam Venue	Exam Date		
<input type="text"/>	<input type="text"/>		
Telephone	Email Address		
<input type="text"/>	<input type="text"/>		
Address			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Review against the procedures of the Practical Examination

There are two categories of review against the administrative procedures of a Practical Examination. Indicate under which category you wish your appeal to be considered and then give a full description of the details to be considered.

<input type="checkbox"/> Procedural requirements not followed
<input type="checkbox"/> Performance impaired by deficiencies in examination procedures
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Applications must be accompanied by all relevant supporting documentation, as explained in the Policy.

Signature of Applicant and Consent to Collect Information	Date
<input type="text"/>	<input type="text"/>

Application Fee Payable: \$ _____ AUD

Please refer to the current Schedule of Fees on the ADC website <http://www.adc.org.au/fees.pdf> Applications with the incorrect fee will not be processed.

Cheques/money orders must be made payable in Australian dollars to the Australian Dental Council. **Please note that we are unable to accept cheques from the Bank of India.**

- Bank cheque/Australian Money Order
- Credit Card (choose one)
 - MasterCard
 - Visa

Name of cardholder	
<input type="text"/>	
Card number	
<input type="text"/>	
Expiry Date	Amount
<input type="text"/>	\$ _____ AUD
Signature of cardholder	
<input type="text"/>	

Send your completed application to: Australian Dental Council, PO Box 13278 Law Courts, Melbourne VIC 8010, Australia.
The completed application form together with the required fee must be received by the ADC within 28 days of the date results were posted online.