



**Australian
Dental
Council** LTD

ABN 70 072 269 900

Application for Review - Written Examination

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

WE-3 V5

Name		ADC Reference No.	OFFICE USE ONLY Date Received Stamp
Exam Venue		Exam Date	
Telephone	Email Address		
Address			

Review against the procedures of the Written Examination

An application for a review against the procedures of the Written Examination can only be made on the basis that there has been an alleged breach in the administrative process. Please give a full description of the details to be considered.

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

Signature of Applicant and Consent to Collect Information	Date
	/ /

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

Card number

Expiry Date

Amount

\$ _____ AUD

Signature of cardholder

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