

Written Examination Application - Dentist

WE-1 V10

Office Use Only	
Ref No:	/
Date Paid	Receipt #:



You **MUST** refer to the “Explanatory Notes & Checklist” to complete the application form.

Ensure all supporting documentation and payment as listed in the Checklist is attached.

Please print clearly in English using CAPITAL LETTERS

Please complete this application form in black or **blue** pen, ensuring the declaration has been signed and dated.



This symbol indicates supporting documentation is required as evidence of the details you have stated in this application form. Please refer to the “Explanatory Notes & Checklist”

Section A	Photographic Identification
<p>1. Please supply one (1) certified colour passport-size photograph of yourself for the purpose of identification.</p>	<p>The photograph must not be older than three (3) months</p> <p style="text-align: center;">DO NOT ATTACH PHOTOGRAPH TO THIS FORM</p> <div style="border: 1px solid black; width: 150px; height: 100px; margin-left: auto; margin-right: auto; text-align: center; padding: 5px;"> (Office Use Only) </div>
Section B	Applicant’s Personal Details and Identification
2. ADC Reference number	Z /
3. Surname /Family name	
4. Given/first name(s)	
5. Previously known or Other name(s) known by	<p><i>Surname/Family Name</i></p> <hr/> <p><i>Given/First Name(s)</i></p>
6. Date of Birth & Sex	<p style="text-align: center;">Day / Month / Year</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Female <input type="checkbox"/> Male </div>

Section C	Applicant's Personal Contact Details
7. Contact details for applicant only.	<i>PO Box number or street address</i>
	<i>City, Suburb or Town</i>
	<i>State/Territory</i> <i>Area/Postcode</i>
	<i>Country</i>
	<i>Telephone</i>
	<i>Email Address</i>

Section D	Authority to Act (Nomination of a person or agent to act on your behalf)
8.	<p><i>If you wish to appoint a person/agent to act on your behalf for this application form please complete and submit an Authority to Act form. I understand the Australian Dental Council will forward ALL correspondence only to my chosen nominee.</i></p> <p>I have attached an Authority to Act to this application: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section E	Exam Session for Which Applying																														
9.	<p>Please indicate which Written Examination you wish to attend?</p> <p><input type="checkbox"/> March 20____ <input type="checkbox"/> September 20____</p>																														
10. Preferred Venue.	<p><u>Overseas Venues:</u></p> <table style="width: 100%; border: none;"> <tr> <td>Athens</td> <td>London</td> <td>Dubai</td> <td>Riyadh</td> <td>New Delhi</td> </tr> <tr> <td>Harare</td> <td>Johannesburg</td> <td>Nairobi</td> <td>Hong Kong</td> <td>Manila</td> </tr> <tr> <td>Singapore</td> <td>Buenos Aires</td> <td>Lima</td> <td>Auckland</td> <td>Christchurch</td> </tr> </table> <p><u>Australian Venues:</u></p> <table style="width: 100%; border: none;"> <tr> <td>Adelaide</td> <td>Alice Springs</td> <td>Brisbane</td> <td>Canberra</td> <td>Darwin</td> </tr> <tr> <td>Hobart</td> <td>Mackay</td> <td>Melbourne</td> <td>Perth</td> <td>Sydney</td> </tr> <tr> <td colspan="5">Townsville (QLD)</td> </tr> </table> <p>Preferred venue: _____</p> <p>Second preference: _____</p>	Athens	London	Dubai	Riyadh	New Delhi	Harare	Johannesburg	Nairobi	Hong Kong	Manila	Singapore	Buenos Aires	Lima	Auckland	Christchurch	Adelaide	Alice Springs	Brisbane	Canberra	Darwin	Hobart	Mackay	Melbourne	Perth	Sydney	Townsville (QLD)				
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Townsville (QLD)																															

Section F

Declaration

Please read and ensure you understand the following declaration before signing:

- I agree to be available for the examination session allocated, and failure to sit will be considered a withdrawal according to the ADC Withdrawal process.
- I accept the enclosed examination fee is non-refundable in the event of failure. I also understand that if I withdraw from the examination a penalty will be incurred. (Refer to the ADC Withdrawal process.)
- I undertake to inform the Australian Dental Council of any changes to my circumstances or details.
- I have read the explanatory notes for this application form, and understand all the requirements of applying for this examination.
- I acknowledge that the Australian Dental Council may verify documents provided in support of this application as evidence of my identity.
- I understand that failure to complete all relevant sections of this application form, including payment of the application fee and all supporting documentation, may result in delaying the processing of this application or refusal of this application.
- I understand that the Australian Dental Council reserves the right to require further documentation in order to progress this application.
- I am the person named in this application and all attached documents.
- The above statements, information provided on my application form and all documentation provided with this application are true and correct.
- I consent to the Australian Dental Council making inquiries and/or exchanging information with the authorities of any Australian state or territory, or other country, regarding my qualifications and/or practice as a dentist or otherwise regarding matters relevant to this application.

Signature of Applicant _____

Date: / /
 Day Month Year

Explanatory Notes & Checklist



Explanatory Notes

Introduction

All personal information will be handled in accordance with the Privacy Act. Details may be verified with or provided to other agencies where necessary or required by law.

A *complete* application includes all the required documentation which has been correctly certified. You will be notified in writing if we need any additional information to process your application. Incomplete applications will result in processing delays or inability to sit the ADC examination.

You will be notified in writing of the outcome of your application and the next steps in the process.

Please note:

- To prevent delays in processing of your application please read the application form (including the **Explanatory Notes & Checklist**) carefully and ensure you have provided all the relevant supporting documentation and that the documents provided are correctly certified
- Please refer to the Australian Dental Council's certification guidelines which can be downloaded from the ADC website at www.adc.org.au

Immigration Information

If you are an overseas trained dentist who intends to migrate and work as a dentist in Australia, you should first contact the nearest Australian Embassy, High Commission or consulate for information about migration procedures and requirements for assessment of your qualifications. Information relevant to the general skilled migration categories is available from these Australian overseas posts.

If you are already in Australia on a temporary basis but need a skills assessment to support an application to change your immigration status to Australian resident, you should seek the advice of the Department of Immigration in your state or territory (<http://www.immi.gov.au/contacts/>)

Certification

It is essential that copies of documents are certified. Each copy must be clearly certified by an appropriate person as a true copy of the original. Please refer to the Australian Dental Council's certification guidelines which can be downloaded from the ADC website at www.adc.org.au

Any original documents submitted to the ADC will not be returned to you.

Translation of Documents

Certified translations in English of all non-English documents must be provided and attached to the document/s to which they refer. The ADC reserves the right to request that applicants provide translation completed by a translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI). Level 3 accreditation is normally required.

Please note:

- The translator's details (name, address, etc.) must be stated in English
- Certification statements on translated documents must be translated in English.

Identity/Change of Name

Applicants must state their full legally registered name **exactly as it appears on your passport**. Any change in name will need to be supported by official documentation showing the link with previous names (*e.g.* before and after marriage). The ADC does not accept Affidavits/Statutory Declarations for this purpose.

Applicant's Personal Contact Details

ALL candidates must complete Section C of this application to ensure accurate information is provided for future use.

It is the candidate's responsibility to advise the ADC of any change of contact details. Re-issuing of documentation/correspondence will occur an administrative fee.

Please note:

The ADC is not able to update any change of address between Written Examination Closing Dates and the exam date. You will need to ensure all correspondence is forwarded to your updated address. If you change your address it is your responsibility to make necessary arrangements for the redirection of your mail.

Agents

The ADC normally deals directly with applicants for the Written Examination. Australia's privacy legislation prohibits the ADC from discussing your application with other people (third parties) unless specifically authorised to do so.

If you want someone else, such as a family member or other agent, to deal with the ADC on your behalf, you will need to indicate this by completing the ADC's Authority to Act form. Once your Authority to Act form has been processed all correspondence will be sent only to the person you have nominated.

- Please refer to the ADC's Authority to Act form which can be downloaded from the ADC website at www.adc.org.au

Closing Dates

Applications received by the ADC after the nominated closing dates will not be processed **under any circumstances**.

The closing dates are:

- **14 November 2014** for the **March 2015** exam
- **29 May 2015** for the **September 2015** exam.

Exam Session

Indicate on this form which examination session you are applying for. Candidates cannot postpone an exam. If, for any reason, you are unable to attend your nominated session, you will need to withdraw from the exam and reapply. Please refer to the Withdrawal Policy in your Written Examination Handbook.

Examination Venue

The ADC Written Examination is held in multiple locations in Australia and overseas. The examination is conducted in English only at all venues.

While every effort is made to accommodate a candidate's venue preference, in exceptional circumstances the requested venue may not be available and an alternative will be offered. Candidates should nominate their preferred venue and second choice from those listed on this application form.

Please note:

All visa and travel arrangements are the responsibility of the candidate. Candidates should ensure they are able to travel to their nominated venue at the required time.

Payment

Money orders/bank cheques should be in Australian dollars, drawn against an Australian bank and made payable to the Australian Dental Council. Personal cheques will not be accepted.

If you are paying by Visa or MasterCard, please ensure that there are sufficient funds in your account to cover the fee transaction. The ADC will make **one attempt only** to process the fee payment from your nominated credit card.

Application forms and examination fees are non-transferable.

Please use this application form as a tax invoice if required.

Withdrawal from the examination

Candidates withdrawing from an examination must do so by advising the ADC in a signed written statement. Withdrawal statements will not be accepted by telephone.

Please refer to the Written Examination Handbook for further details.

Please note:

- Failure to undertake the examination because of an inability to obtain necessary visas or to arrange travel, etc. will be considered a withdrawal and the withdrawal process will apply.



Checklist

Section A Photographic Identification	<input type="checkbox"/>	Please supply one (1) <u>certified</u> colour passport-size photograph of yourself for the purpose of identification (no more than 3 months old).
Section B Applicant's Personal Details and Identification	<input type="checkbox"/>	<u>Certified</u> copy of current passport - relevant pages.
	<input type="checkbox"/>	<u>Certified</u> copy of evidence of change of name documentation (where applicable).
Section C Applicant's Contact Details	<input type="checkbox"/>	All details completed (no supporting documents required).
Section D Authority to Act/Agent	<input type="checkbox"/>	(If applicable) Authority to Act form (It is not a requirement for an applicant to have an Authority to Act or Agent)
Section E Exam Sessions	<input type="checkbox"/>	All details completed (no supporting documents required).
Section F Declaration	<input type="checkbox"/>	Signed and dated (no supporting documents required)
Section G Payment	<input type="checkbox"/>	All Payment details completed and/or enclosed.

**Post your completed application form together with
your supporting documentation and application fee to:**

Australian Dental Council
PO Box 13278,
Law Courts
Victoria Australian 8010