



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.

CE-3 V3

Name ADC Reference No.

Exam Venue Exam Date

Telephone Email Address

OFFICE USE ONLY
Date Received Stamp

Address

Review against the procedures of the Practical Examination

There are two categories of appeal against the 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.

Procedural requirements not followed
 Performance impaired by deficiencies in examination procedures

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

Name of cardholder

Card number

Expiry Date

Amount AUD

Signature of cardholder

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.

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

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.