



Office Use Only

Ref No: /

Authority to Act



It is usual practice for the Australian Dental Council (ADC) to deal directly with applicants seeking an assessment of their qualifications. Australia's privacy legislation prohibits the ADC from discussing your application with other people (third parties) unless you specifically authorise the ADC to do so.

If you want someone 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 correspondence will be sent only to the person you have nominated.

Please print clearly in **English** using **CAPITAL LETTERS**.

Both the ADC applicant and the nominated person or agent must complete this form where indicated in **black or blue pen**.

Only original forms will be accepted. Scanned, fax or photocopied forms will NOT be accepted

Section A	Applicant's Personal Details	
1. ADC Reference Number	Z	
2. Surname /Family name		
3. Given /first name(s)		
4. Date of Birth & Sex	Day / Month / Year	<input type="checkbox"/> Female <input type="checkbox"/> Male
5. Contact details for applicant only.	Address	
	Suburb	
	State/Territory	Area/Postcode
	Country	
	Telephone	
	Email Address	



Section B	Nominee's Personal Details (Person or agent to act on your behalf)	
6. Surname /Family name		
7. Given /first name(s)		
8. Date of Birth & Sex	Day / Month / Year	<input type="checkbox"/> Female <input type="checkbox"/> Male
9. Contact details for nominee's only.	<i>Address</i>	
	<i>Suburb</i>	
	<i>State/Territory</i>	<i>Area/Postcode</i>
	<i>Country</i>	
	<i>Telephone</i>	
	<i>Email Address</i>	
Section C	Declaration	
<ul style="list-style-type: none"> • I understand the nominated person or agent holds the authority to act on my behalf for the Application that is currently pending at the time of receipt of this form. • I undertake to inform the Australian Dental Council of any changes to my circumstances and details. • I am the person named in this Application and in this Authority • The above statements and information provided on this form are true and correct 		
Applicant's Name (Print): _____		
Applicant's Signature: _____		
Date: / / Day Month Year		
Nominee's Name (Print): _____		
Nominee's Signature: _____		
Date: / / Day Month Year		

Post your completed form to:
 Australian Dental Council
 PO Box 13278, Law Courts,
 Victoria, Australia, 8010