




Section C Applicant's Personal Contact Details


7. Contact details for applicant only	Address	
	City	
	State/Territory	Area/Postcode
	Country	
	Telephone	
	Email Address	

Section D Authority to Act (Nomination of a person or agent to act on your behalf) 

8.	<p><i>It is not necessary to nominate a person or an agent to apply for Initial Assessment. If you choose to do so however you must complete an Authority to Act form (available on the Australian Dental Council's website).</i></p> <p>I wish to nominate a person/agent to act on my behalf.</p> <p><input type="checkbox"/> Yes - I have attached a completed Authority to Act form and understand the Australian Dental Council will forward ALL correspondence to my chosen nominee.</p> <p><input type="checkbox"/> No</p>
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Section E Professional Education 

Please note that you cannot apply to undergo the examination process unless you have an accepted qualification in dental hygiene or dental therapy. For instance, those qualified only as **dentists** are **not eligible to apply** for this assessment pathway.

Dental Hygiene and or Dental Therapy Qualifications 
Attach a separate sheet (clearly marked with your name) with the details of any qualifications that do not fit within the space below

Dental Hygiene	
9. Title of Dental Hygiene Qualification	
10. Name of the institution/ University/ College	
11. Address of the institution /university/ college	Address
	City



19. Indicate the areas of your education and training. Tick as many boxes as are relevant in dental hygiene and/or dental therapy.

Dental Hygiene Practice Clinical skills	Dental Therapy Practice Clinical skills
<input type="checkbox"/> Diagnosis and treatment planning <input type="checkbox"/> Preventive dentistry <input type="checkbox"/> Oral health education <input type="checkbox"/> Local anaesthesia <input type="checkbox"/> Oral radiography <input type="checkbox"/> Periodontics <input type="checkbox"/> Dental impression taking <input type="checkbox"/> Orthodontics - please specify areas/topics covered in your education and training <input type="checkbox"/> Other - please specify	<input type="checkbox"/> Diagnosis and treatment planning <input type="checkbox"/> Preventive dentistry <input type="checkbox"/> Oral health education <input type="checkbox"/> Local anaesthesia <input type="checkbox"/> Oral radiography <input type="checkbox"/> Exodontia <input type="checkbox"/> Restorative dentistry <input type="checkbox"/> Dental impression taking <input type="checkbox"/> Orthodontics - please specify areas/topics covered in your education and training <input type="checkbox"/> Other - please specify
When was your education and training in dental hygiene completed? <div style="text-align: center;"> Month / Year </div>	When was your education and training in dental therapy completed? <div style="text-align: center;"> Month / Year </div>

Further training

If you have completed relevant further training e.g. in orthodontics, radiography, local anaesthesia etc. record the details of the training below. If there is insufficient space, please attach additional documents clearly marked with your name.



Further Training	
20. Name of further training course	
21. Name of the institution /University/ college	
22. Address of the institution /University/ college	<div style="text-align: center;">Address</div> <hr/> <div style="text-align: center;">City</div> <hr/> <div style="display: flex; justify-content: space-between;"> State/Territory Area/Postcode </div> <hr/> <div style="text-align: center;">Country</div>



23. Length of your further training course	Years _____ Months _____ Was this a full time course? <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Course dates	Date Commenced: / / Date Completed: / / Day Month Year Day Month Year

Section F Registration/Licence History	
25. Licensing exam	Did you sit and pass a national or regional licensing/registration examination to gain registration? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state name of examination and examining authority _____ _____
26. Name of your first dental hygiene/dental therapy Registration/Licence Authority	
27. Date of first Registration/Licence	/ / Day Month Year
28. Name of your current or most recent dental hygiene/dental therapy Registration/Licence Authority	
29. Expiry date of current or most recent Registration/Licence	/ / Day Month Year
30. Registration/Licence status	Have you ever been refused registration/licence? <input type="checkbox"/> *Yes <input type="checkbox"/> No



Section F Registration/Licence History 

	<p>Have you ever had your registration/licence withdrawn? <input type="checkbox"/> *Yes <input type="checkbox"/> No</p> <p>Are you subject to any professional disciplinary/legal proceedings past or pending? <input type="checkbox"/> *Yes <input type="checkbox"/> No</p> <p>(* If "Yes" you must provide a signed written explanation)</p>
<p>31. Letter of Good Standing</p> <p><i>(this document cannot be submitted by applicants)</i></p>	<p>The Australian Dental Council requires an original Letter/Certificate of Good Standing (issued in English) to be forwarded directly from the most recent registration/licence authority to the Australian Dental Council.</p> <p><input type="checkbox"/> Yes, I have requested a Letter/Certificate of Good Standing to be provided to the ADC</p> <p><i>(This document will not be accepted if it is provided by the applicant. It must be provided directly to the Australian Dental Council by the registration/licence authority)</i></p>

Section G Employment History 

32. Indicate the nature of your clinical practice

<u>Dental Hygiene Practice</u>		<u>Dental Therapy Practice</u>	
Patient profile	Age Range of patients you treated	Patient profile	Age Range of patients you treated
<input type="checkbox"/> Children	From.....To	<input type="checkbox"/> Children	From.....To
<input type="checkbox"/> Adolescents	From.....To	<input type="checkbox"/> Adolescents	From.....To
<input type="checkbox"/> Adults	From.....To	<input type="checkbox"/> Adults	From.....To

33. Recency of practice: Have you worked as a registered dental hygienist and/or dental therapist in the last 5 years?

<u>Dental Hygiene Practice</u>	<u>Dental Therapy Practice</u>
<input type="checkbox"/> Yes - Please complete the employment details below for each employer <input type="checkbox"/> No - Please submit a signed written statement explaining why you have not worked in the last 5 years or more. <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes - Please complete the employment details below for each employer <input type="checkbox"/> No - Please submit a signed written statement explaining why you have not worked in the last 5 years or more. <input type="checkbox"/> Not applicable
<i>(If you are or have been self-employed please state and provide details below – please refer to the Explanatory Notes & Checklist)</i>	<i>(If you are or have been self-employed please state and provide details below – please refer to the Explanatory Notes & Checklist)</i>



Section G	Employment History	
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34. Employment Details	
Name of employer #1	
State, Territory and Country	
Your Position	
Dates of Employment	<i>Date Commenced:</i> / / <i>Date Completed:</i> / /
Name of employer #2	
State, Territory and Country	
Your Position	
Dates of Employment	<i>Date Commenced:</i> / / <i>Date Completed:</i> / /
Name of employer #3	
State, Territory and Country	
Your Position	
Dates of Employment	<i>Date Commenced:</i> / / <i>Date Completed:</i> / /

Section H	Professional References	
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35. Professional References	<p>The Australian Dental Council requires two recent written professional references attesting to your competence and good standing as a dental hygienist and/or dental therapist, from employers, supervisors or tutors. If you were self-employed please provide references from professional colleagues.</p> <p><input type="checkbox"/> Reference #1 – (name) _____</p> <p><input type="checkbox"/> Reference #2 – (name) _____</p>
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Section J Declaration

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

- 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 practice as a dental hygienist and/or dental therapist or otherwise regarding matters relevant to this application
- I consent to the Australian Dental Council and any approved examining body sharing my personal information including, but not limited to, information associated with my application and any subsequent results from the examination process
- I undertake to inform the Australian Dental Council of any changes to my circumstances or details
- I am not subject to any professional disciplinary/legal proceedings past or pending, except as otherwise specified in Section F
- I have read the explanatory notes and authorise the Australian Dental Council to make any inquiries necessary to assist in the assessment of my application
- 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 provision of all supporting documentation, may result in delaying the assessment of this application or refusal of this application
- I understand that the Australian Dental Council reserves the right to require further documentation to progress the assessment of 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 contacting me for quality control, educational and/or research purposes.

Signature of Applicant _____

Date / /
 Day Month Year



Section K Payment

Assessment Fee Payable

Applications will not be assessed until the assessment fee has been paid in full. A receipt will be issued upon clearance of payment. Please refer to the current schedule of fees at http://www.adc.org.au/fees.pdf

Bank Cheque or Australian Money Order payments:

Bank cheque checkbox

Bank cheque

Money order checkbox

Money order

Payment made by Bank cheque or Australian Money Order MUST be made in Australian dollars only.

Please note that we are unable to accept cheques from the Bank of India or cheques with adhesive tape on the face of the cheque.

Credit Card Type (please tick)

Visa checkbox

Visa

MasterCard checkbox

MasterCard

I, authorise the Australian Dental Council to deduct from my credit card the assessment fee of \$..... (AUD)

Name of cardholder

Name of cardholder input field

Card number

Card number input field

Expiry Date

Expiry date input field (M M Y Y)

Signature of cardholder

Signature of cardholder input field

You MUST refer to the "Explanatory Notes & Checklist" to complete the application form. Ensure all supporting documentation and payment as listed in the Checklist are attached

Office Use only

Payment processed:/...../.....

Receipt Number:

Explanatory Notes & Checklist



Explanatory Notes – please keep for future reference

Introduction

If you are an overseas qualified dental hygienist or dental therapist who intends to migrate and work as a dental hygienist and/or dental therapist 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 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.

Overseas qualified dental hygienists and/or dental therapists who wish to work as dental hygienists and/or dental therapists in Australia and who do not hold a qualification approved by the Dental Board of Australia for registration can undertake an assessment pathway overseen by the ADC. This pathway involves an initial assessment and an examination process. Successful completion of the assessment pathway leads to the award of the ADC Certificate (Dental Hygienist) and/or the ADC Certificate (Dental Therapist).

The first step in the ADC pathway is the initial assessment of the qualified dental hygienist and/or dental therapist's primary professional qualifications in dental hygiene and/or dental therapy. The ADC assesses your professional qualifications, work experience, registration/licensure history, good standing and other matters to establish your eligibility to proceed with the examination process. This initial assessment is based on the information you provide in this Application. Overseas qualified dental hygienists and/or dental therapists may be eligible to undertake the ADC examination pathway if they hold a dental hygiene/dental therapy qualification which was obtained after at least two years' full-time academic study and they hold registration/licensure as a dental hygienist and/or dental therapist in their country of training or practice and there has been no withdrawal of registration or refusal to register.

The information on the application form is collected by the ADC for the purposes of establishing your eligibility to enter the examination process. All personal information will be handled in accordance with the Privacy Act 1988. Details may be verified with or provided to other agencies where necessary or required by law.

The assessment of your application may take up to 8 weeks from the date your complete application is received. 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 assessment delays. Your application will be valid for one (1) year from the date of initial receipt. Should your application remain incomplete at the end of this one (1) year time frame, you will be required to reapply.

You will be notified in writing of the outcome of the Assessment. After your application has been assessed and eligibility to undertake the examination process has been established, you will be sent information about the examinations that you are eligible to undertake. All examinations are held in Australia.



Please note:

- To prevent delays in assessment 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 ADC's certification guidelines which can be downloaded from the ADC website at www.adc.org.au

Other documents we may need

Sometimes we may ask for additional documents or information where insufficient evidence has been provided.

What you should not send

Do not send additional documents such as continuing professional education certificates.

All of the documents required for the initial assessment of your qualifications are included in the Checklist.

Type of Practitioner and Type of Examination

The ADC will evaluate your application and determine what type of examination, if any, your qualifications and experience enable you to undertake. Applicants should be aware that the practice of dental hygiene and dental therapy in Australia may not equate directly with their practice in other countries. Applicants will be expected to have completed training in some core areas as a prerequisite to undergoing the examination process, including for example the management and administration of local anaesthesia. The examination is set at a standard that is equivalent to that for current graduates from an accredited Australian program of study in dental hygiene or dental therapy. It assesses candidates' knowledge, clinical skills and professional attributes to practise with safety in the Australian community.

The ADC's documents on ***Professional attributes and competencies of the newly qualified dental hygienist / dental therapist*** provide useful information about the standards of dental hygiene and dental therapy education and training in Australia and are available on the ADC website at <http://www.adc.org.au/index.php?id=14>

Local Anaesthesia and Orthodontics

Applicants must include documentary evidence of their formal training (including a copy of the curriculum) in the administration and management of local anaesthesia and orthodontics (as it relates to dental hygiene and /or dental therapy practice). This training may have been provided as part of your primary qualification or as a course of further training. There are two pathways for applicants who do not have this training. You can either undertake an 'approved add-on program of training' as recognised by the Dental Board of Australia (listed on their website at <http://www.dentalboard.gov.au/>) or undertake an equivalent course in the country where you obtained your primary qualification.

Identity/Change of Name

Applicants must state their full legally registered name. 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 without the official documentation.

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 ADC'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.

Applicant's Personal Contact Details

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

Agents

The ADC normally deals directly with applicants seeking an assessment of their overseas qualifications. 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 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

Professional References

You will need to provide two recent (less than 8 months old) written professional references attesting to your competence and good standing as a dental hygienist and/or dental therapist, from employers, supervisors or tutors or, if you were self-employed, from professional colleagues. The ADC will not accept professional references from family members.

Fees payable

The fee for assessment of eligibility to proceed with the examination process must accompany this application form. The ADC website has information about the current fees.

Further Information

For more details about the steps involved in the pathway see the document entitled ***Information about the assessment pathway to registration in Australia for overseas qualified dental hygienists and dental therapists*** which is on the ADC website at www.adc.org.au



Checklist

<p>Section A Photographic Identification</p>	<input type="checkbox"/> Two (2) <u>certified</u> colour passport-size photographs of yourself for the purpose of identification
<p>Section B Applicant's Personal Details and Identification</p>	<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
<p>Section C Applicant's Contact Details</p>	<input type="checkbox"/> All details completed (no supporting documents required)
<p>Section D Authority to Act/Agent</p>	<input type="checkbox"/> (If applicable) Authority to Act form
<p>Section E Primary dental hygiene/dental therapy education details</p>	<input type="checkbox"/> <u>Certified</u> copy of degree, diploma or certificate in original language. <input type="checkbox"/> <u>Certified</u> copy of an official transcript of your primary dental hygiene and/or dental therapy education course completed in original language. Transcript MUST state: <ul style="list-style-type: none"> • Applicant's name • Subjects • Theory total hours • Clinical total hours • Course start and completion dates • Language in which course was taught • Examination results and details <input type="checkbox"/> <u>Certified</u> copy of evidence of further training in original language where applicable <input type="checkbox"/> <u>Certified</u> copy of course outline/syllabus of the educational courses completed showing details course content including subjects, hours, the theoretical and clinical content of the course in original language
<p>Section F Registration History</p>	<input type="checkbox"/> <u>Certified</u> copy of results of any national/state/regional board exam for licensure (if relevant) <input type="checkbox"/> <u>Certified</u> copy of first registration/licence certificate <input type="checkbox"/> <u>Certified</u> copy of current registration/licence certificate <input type="checkbox"/> Request a Letter/Certificate of Good Standing (in English) to be forwarded DIRECTLY to the Australian Dental Council. Applicant cannot submit



<p>Section G Employment History</p>	<p><input type="checkbox"/> (If applicable) a signed written statement explaining why you have not worked in the last 5 years</p> <p><input type="checkbox"/> <u>Certified</u> copy of official work statement must contain the following information from each of your employers:</p> <ul style="list-style-type: none"> • On official letter head (including full address and contact business details) • Date issued • Applicant's name in full • Employment start and finish dates • Confirms the applicant was employed as a registered dental hygienist and/or dental therapist • Signed by a recognised Manager/Director <p>Or if Self-employed</p> <p><input type="checkbox"/> <u>Certified</u> copy of appropriate evidence, e.g. tax documents, accountant business records, practice records, business registration certificate</p>
<p>Section H Professional References</p>	<p><input type="checkbox"/> Original or <u>certified</u> copies of two recent (dated) written professional references containing the following information:</p> <ul style="list-style-type: none"> • On official letter head of the person, company or government department providing the reference (including full address and contact business details) • Date issued • Applicant's name in full • Attesting to your competence and good standing as a dental hygienist and/or dental therapist • Signed by employer, supervisor or if you were self-employed, from professional colleagues.
<p>Section J Declaration</p>	<p><input type="checkbox"/> Signed and dated (no supporting documents required)</p>
<p>Section K Payment</p>	<p><input type="checkbox"/> All payment details completed and/or enclosed</p>
<p>Translations</p>	<p><input type="checkbox"/> (If applicable) <u>Certified</u> translations in English of all relevant documents, attached to the document/s to which they refer</p>
<p>Please post your completed application form together with your supporting documentation and application fee to:</p> <p>Australian Dental Council PO Box 13278 Law Courts, Victoria 8010 Australia</p> <p>If you are using a local or international courier to deliver a document, please address to:</p> <p>Level 2 99 King Street Melbourne Vic 3000 Australia</p>	