

Notification of withdrawal from an ADC examination

Office Use Only	
Ref No:	/



All personal information will be handled in accordance with the Privacy Act 2000. Details may be verified with or provided to other agencies where necessary or required by law.

Please print clearly in **English** using **CAPITAL LETTERS** in **black or blue pen**.

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

You should carefully read the relevant withdrawal guidelines in the Written/Practical Examination handbook. Fees and charges apply when withdrawing from an examination.

Section A	Applicant's personal details	
1. Applicant's reference number	Z /	
2. Surname or family name		
3. Given or first name(s)		
4. Date of birth and sex	Day / Month / Year	<input type="checkbox"/> Female <input type="checkbox"/> Male
5. Address	Street	
	Suburb	
	State	
	Country	
	Preferred telephone #	
	Email address	

Section B	Examination withdrawal
6. Please indicate the examination that you wish to withdraw from	Written - Feb/March 20__ <input type="checkbox"/>
	Written - September 20__ <input type="checkbox"/>
	Practical – April 20__ <input type="checkbox"/>
	Practical – June/July 20__ <input type="checkbox"/>
	Practical - November 20__ <input type="checkbox"/>
Section C	Reason for withdrawal
7. Please provide a short statement explaining the reason for your withdrawal Attach a medical certificate if applicable	

Section E	Declaration
<ul style="list-style-type: none">• I undertake to inform the ADC of any changes to my circumstances and details.• I am the person named in this withdrawal, information provided on this form is true and correct.• I understand that if I intend to sit an ADC examination in the future, I will need to complete a new application form including re-submission of all documentation and examination fee.• I understand that applications and fees are not transferable to later examinations.• I understand that failure to undertake any examination because of an inability to obtain a necessary visa or to arrange travel etc. will be considered a withdrawal and fees forfeit accordingly. <p>Signature of Applicant _____</p> <p>Date: / / </p> <p style="text-align: center;"><i>Day Month Year</i></p>	

Please post your completed form together with any supporting documentation and/or fee to:

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