

## Practical Examination Application – Dental Hygiene/Dental Therapy

PE-2-V4

|                 |   |
|-----------------|---|
| Office Use Only |   |
| Ref No:         | / |



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


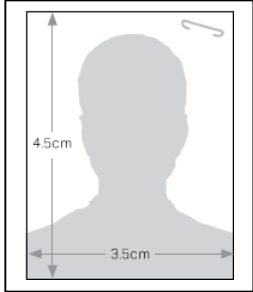

Ensure all supporting documentation and payment as listed in the Checklist is attached.


**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”.

|  |  |   |
|--|--|---|
| <b>Section A</b>   | <b>Photographic Identification</b>    |   |
| 1. Please supply two (2) certified colour passport-size photographs of yourself for the purpose of identification. | The photographs must not be older than nine (9) months<br><br>DO NOT ATTACH PHOTOGRAPH HERE<br><br> |   |
| <b>Section B</b>   | <b>Applicant’s Personal Details and Identification</b>    |   |
| 2. ADC Reference number  | Please ensure that details match those provided in the certified copy of your Passport.<br><b>Z /</b>  |   |
| 3. Surname /Family name  |  |   |
| 4. Given/first name(s)   |  |   |
| 5. Middle name(s)  |  |   |
| 6. Previously known or Other name(s) known by  |  |   |
| 7. Date of Birth & Sex   | _____ / _____ / _____<br><i>Day                      Month                      Year</i>   | <input type="checkbox"/> Female <input type="checkbox"/> Male |

|  |   |
|--|---|
| <b>Section B<br/>(continued)</b>   | <b>Applicant's Personal Contact Details</b>   |
| 8. Contact details for applicant only.<br>PLEASE PRINT                     | <i>PO Box number or street address:</i>   |
|  | <i>City, Suburb or Town</i>   |
|  | <i>State/Territory</i> <span style="float: right;"><i>Area/Postcode</i></span>  |
|  | <i>Country</i>  |
|  | <i>Telephone (including country code)</i>   |
|  | <i>Email Address</i>  |
| <b>Section C</b>   | <b>Authority to Act<br/>(Nomination of a person or agent to act on your behalf)</b>    |
| 9.   | <p><i>It is not necessary to nominate a person or an agent to apply for the Practical Examination. If you choose to do so you must complete an Authority to Act form.</i></p> <p><b>I wish to nominate a person/agent to act on my behalf.</b></p> <p><input type="checkbox"/> Yes - I have attached an Authority to Act form and understand the Australian Dental Council (ADC) will forward ALL correspondence to my chosen nominee.</p> <p><input type="checkbox"/> No</p> |
| <b>Section D</b>   | <b>Examination Category &amp; Session</b>   |
| 10. Please indicate the category of examination you are applying for       | <p><input type="checkbox"/> Dental Hygiene Practical Examination</p> <p><input type="checkbox"/> Dental Therapy Practical Examination</p> <p><input type="checkbox"/> Dental Hygiene / Therapy Practical Examination</p>  |
| 11. Please indicate the Practical Examination Session you are applying for | <p><input type="checkbox"/> July 2016 – James Cook University (Cairns)</p> <p><input type="checkbox"/> November 2016 – James Cook University (Cairns)</p>   |

| <b>Section E</b>     | <b>Residency Status</b>   |
|----------------------|---|
| 12. Residency Status | Are you a permanent resident or citizen of Australia?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 13. Migration        | If you are not an Australian permanent resident or citizen, are you planning to migrate to Australia?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

## Section F

## Declaration

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

- I agree to be available for the session allocated, and failure to sit will be considered a withdrawal according to the ADC Withdrawal guidelines.
- 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 guidelines).
- I undertake to inform the ADC 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 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 ADC reserves the right to require further documentation in order to process 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 ADC 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 dental hygienist/dental therapist or otherwise regarding matters relevant to this application.
- I consent to the Australian Dental Council contacting me for quality control, education and/or research purposes.

Signature of Applicant \_\_\_\_\_

Date:                    /                    /  
                                 Day                    Month                    Year



## Explanatory Notes & Checklist



### Explanatory Notes

#### Introduction

All personal information will be handled in accordance with the Australian 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. Incomplete applications will result in processing delays or refusal of this application. **Applications must be assessed as complete by the examination closing date, no extensions will be permitted past the closing date.**

You will be notified in writing of the outcome of your application and the next steps in the process. In order to prevent delays candidates must ensure that their email address is correct and accessible, since the majority of correspondence with candidates is via email.

#### 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 ADC's certification guidelines which can be downloaded from the ADC website at <http://www.adc.org.au/>

#### Immigration Information

Overseas trained Dental Hygienists and Dental Therapists assessments are for registration purposes only. Migration assessments are currently completed by VETASSESS.

#### Certification

It is essential that copies of documents are 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 <http://www.adc.org.au/>.

Do not send original documents. 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 National Accreditation Authority for Translators and Interpreters (NAATI) professional translator (formerly known as Level 3).

#### 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 B 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 incur an administrative fee.

### **Agents**

The ADC normally deals directly with applicants for the Practical 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 <http://www.adc.org.au/>

### **Closing Dates**

Applications received by the ADC after the nominated closing dates will not be processed under any circumstances. Incomplete applications will result in processing delays or refusal of this application.

**Applications must be assessed as complete by the examination closing date, no extensions will be permitted past the closing date.**

### **Examination Category**

Indicate on this form the category of examination you are applying for i.e. Dental Hygiene / Dental Therapy or Combined Dental Hygiene / Therapy.

### **Venue**

The Practical Examination is conducted only in Australia.

#### 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. Cheques from the State Bank of India, or cheques with adhesive tape on the surface 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.

### **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 Practical Examination Handbook for further details.



## Checklist

|   |   |
|---|---|
| <b>Section A</b><br>Applicant's Personal<br>Details and<br>Identification | <input type="checkbox"/> <u>Certified</u> copy of current passport - relevant pages.<br><br><input type="checkbox"/> <u>Two (2) certified</u> photographs<br><br><input type="checkbox"/> <u>Certified</u> copy of evidence of change of name documentation (where applicable). |
| <b>Section B</b><br>Applicant's Contact<br>Details                        | <input type="checkbox"/> All details completed (no supporting documents required).  |
| <b>Section C</b><br>Authority to<br>Act/Agent                             | <input type="checkbox"/> (If applicable) Authority to Act form if an agent is used (it is not a requirement for an applicant to have an Agent)  |
| <b>Section D</b><br>Exam Category &<br>Session                            | <input type="checkbox"/> All details completed (no supporting documents required).  |
| <b>Section E</b><br>Residency Status                                      | <input type="checkbox"/> Signed and dated (no supporting documents required)  |
| <b>Section F</b><br>Declaration   | <input type="checkbox"/> Signed and dated (no supporting documents required)  |
| <b>Section G</b><br>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 Ltd  
 PO Box 13278  
 Law Courts VIC 8010 Australia

**If you are sending your application by courier please use the following address:**

Australian Dental Council  
 Level 2 / 99 King Street  
 Melbourne Victoria 3000