

Office Use Only

Ref No: /

Practical Examination Application - Dentist

PE-1 V15



Please refer to the "Explanatory Notes & Checklist" at the back to complete the application form.


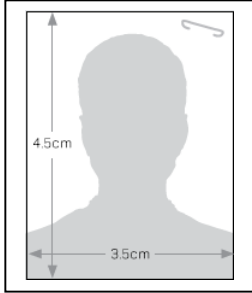

Ensure all supporting documentation and payment as listed in the Checklist is attached.

Please write 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"

Section A	Photographic Identification 	
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 and must include the certification date DO NOT ATTACH PHOTOGRAPH HERE 	
Section B	Applicant's Personal Details and Identification 	
2. ADC Reference number	Z /	
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	Surname/Family Name Day / Month / Year	Given/First Name(s) <input type="checkbox"/> Female <input type="checkbox"/> Male

Section B (continued)	Applicant's Personal Details and Identification
8. Contact details for applicant only. PLEASE WRITE IN BLOCK LETTERS	<i>PO Box number or House number and street name</i>
	<i>City, Suburb or Town</i>
	<i>State/Territory</i> <i>Area/Postcode</i>
	<i>Country</i>
	<i>Telephone (include country code) Mobile:</i> <i>Home:</i>
	<i>Email Address</i>

Section C	Authority to Act (Nomination of a person or agent to act on your behalf)
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>I wish to nominate a person/agent to act on my behalf.</p> <p><input type="checkbox"/> Yes - I have attached an 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>

Section D	Examination Session
10. Please specify your preferred session in 2017	<p><input type="checkbox"/> APRIL 2017</p> <p><input type="checkbox"/> JUNE 2017</p> <p><input type="checkbox"/> NOVEMBER 2017</p>
Sessions will be allocated according to the priority specified on the ADC website, venues will be allocated by the ADC.	<p>Griffith University, Gold Coast, Queensland</p> <p>Oral Health Centre of Western Australia, Perth, Western Australia</p> <p>Westmead Centre for Oral Health, Sydney, New South Wales</p> <p>James Cook University, Cairns, Queensland</p> <p>Royal Dental Hospital of Melbourne, Victoria</p>

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

Section F	Written Examination Expiry Date
13. Expiry Date	<hr/>

Section G

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 understand that if I have previously attempted more than three practical examinations my application will be placed in a separate application pool and randomly selected for a limited number of places.
- I undertake to inform the Australian Dental Council 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 Australian Dental Council 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 Australian Dental Council making enquiries and/or exchanging information with the authorities of any Australian state or territory, or other country, regarding my qualifications and/or practice as a dentist or otherwise regarding matters relevant to this application.
- I consent to the Australian Dental Council contacting me for quality control, educational 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. If time permits, you will be notified in writing if we need any additional information to process your application. Incomplete applications will result in processing delays or refusal of this application.

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

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 Australian Dental Council'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 in 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; please refer to the change of contact details form which can be found on the ADC website. 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

Candidates can apply to sit for any eligible Practical Examination session, which are specified on the ADC website for your convenience.

Applications received by the ADC after the nominated booking dates will not be processed **under any circumstances**.

Applications will be accepted between the following booking dates:

April 2017 and June 2017 Sessions – Bookings open 1st August 2016 – Bookings close 2 September 2016

**for both April and June sessions your written examination should be valid at 5th May 2017 to be eligible to apply.

November 2017 Session – Bookings open 3rd February 2017 – 3 March 2017

**for the November 2017 session your written examination should be valid at the 27th October 2017 to be eligible to apply.

Venue

The Practical Examination is conducted only in Australia. The examinations are offered at five venues at the same time in each session.

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, you should seek the advice of the Department of Immigration in your state or territory (<http://www.border.gov.au/>)

It is advisable that you **do not** book accommodation or travel until your application has been confirmed in writing.

English language test – OET and IELTS Results

Candidates are **not required** to provide evidence of English language proficiency to sit the ADC Practical Examination.

Candidates are advised that, on completing the ADC process, evidence of English language skills may be required by AHPRA for registration purposes www.ahpra.gov.au or by the Department of Immigration and

Border Protection <http://www.border.gov.au/> for migration purposes. Candidates are advised to consult the websites of these organisations for further information.

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. **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.**

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.

Applications and examination fees are non-transferable.

Withdrawal from the examination

Candidates withdrawing from an examination must do so by advising the ADC in writing using the [Notification of Withdrawal from an ADC Examination](#) form available from www.adc.org.au . Withdrawal statements will not be accepted by email or telephone.

Please refer to the Practical Examination Handbook for further details.

Please note:

Failure to undertake the examination because of an inability to obtain necessary visas or to arrange travel, etc. will be considered a withdrawal and the withdrawal policy will apply.



Checklist

Section A Photographic Identification	<input type="checkbox"/>	Please supply two (2) <u>certified</u> colour passport-size photographs of yourself for the purpose of identification (no more than 9 months old).
Section B Applicant's Personal Details and Identification	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All details completed please write your email address in BLOCK LETTERS (no supporting documents required). <u>Certified</u> copy of evidence of change of name documentation (where applicable). <u>Certified</u> copy of current passport - relevant pages, including the signature page. Your name must be entered on the application form in the same order as your passport.
Section C Authority to Act/Agent	<input type="checkbox"/>	<u>(If applicable) Authority to Act form</u> (It is not a requirement for an applicant to have an Authority to Act or Agent)
Section D Exam Session	<input type="checkbox"/>	All Details completed (no supporting documentation required)
Section E Residency	<input type="checkbox"/>	All details completed (no supporting documents required).
Section F Written expiry	<input type="checkbox"/>	Written Examination expiry date is entered.
Section G Declaration	<input type="checkbox"/>	Signed and dated (no supporting documents required)
Section H Payment	<input type="checkbox"/>	All payment details completed or cheque enclosed

**Post your completed application form together with
your supporting documentation to:**

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

If you wish to send your application via courier, please use the following address:

Australian Dental Council
 Level 2, 99 King Street
 Melbourne
 Victoria Australia 3000