

Written Examination Application - Dentist

WE-1 V5

Examination: 5&6 March 2018

Office Use Only

Ref No: Z /



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


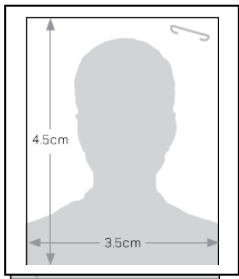

Ensure all supporting documentation as listed in the Checklist is attached.

Please write clearly in English using CAPITAL LETTERS

Please complete this application form in black or **blue** pen, ensuring the declaration has an original signature and is 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.	<p>The photographs must not be older than nine (9) months and must include the certification date</p> <p style="text-align: center;">DO NOT ATTACH PHOTOGRAPH HERE</p> 	
Section B	Applicant's Personal Details and Identification 	
2. ADC Reference number	Z /	
3. Surname /Family name		
4. Given/first name(s)		
5. Middle names(s)		
6. Previously known or Other name(s) known by	<p style="text-align: center;"><i>Surname/Family Name</i> <i>Given/First Name(s)</i></p>	
7. Date of Birth & Sex	Day / Month / Year	<input type="checkbox"/> Female <input type="checkbox"/> Male

Section C	Applicant's Personal Contact Details
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 D	Emergency Contact Details
9. Please provide name and contact details of a relative or friend should an emergency occur during the examination	<i>Name</i>
	<i>Relationship to you (e.g. husband/wife)</i>
	<i>Telephone (include country code) Mobile:</i> <i>Home:</i>
	<i>Email Address</i>

Section E	Authority to Act (Nomination of a person or agent to act on your behalf) 
10.	<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 F	Declaration
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Please read and ensure you understand the following declaration before signing:

- I agree to be available for the examination session selected, and failure to sit will be considered a withdrawal according to the ADC Withdrawal process.
- The list of venues on the ADC website is indicative only, an available list will be provided when you receive your Authorisation to test email from Pearson Vue, venues are subject to change at short notice
- I accept that the 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 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 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 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 progress 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 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 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

**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



Section G	Payment
<p style="text-align: center;">Written Examination Fee Payable</p> <p>Applications will not be processed until the Written Examination fee has been paid in full. A receipt will be issued upon clearance of payment. Please refer to the current schedule of fees at www.adc.org.au</p> <p>Bank cheque or Australian Money Order payments:</p> <p style="text-align: center;"><input type="checkbox"/> Bank cheque <input type="checkbox"/> Money order</p> <p>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.</p> <hr/> <p>Credit Card Type (<i>please tick</i>)</p> <p style="text-align: center;"><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>I, authorise the Australian Dental Council to deduct from my credit card the Written Examination fee of \$..... (AUD)</p> <p>Name of cardholder _____</p> <p>Card number _____</p> <p>Expiry Date M M Y Y</p> <p>Signature of cardholder _____</p>	

Explanatory Notes & Checklist



Explanatory Notes

Introduction

All personal information will be handled in accordance with the 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. You will be notified in writing if we need any additional information to process your application. Applications must be assessed as complete by the examination closing date. Incomplete applications will result in processing delays or inability to sit the ADC examination.

You will be notified in writing of the outcome of your application and the next steps in the process. Examinations are booked through a delivery organisation, Pearson VUE. If your application is successful we will send you instructions on how to book your examination.

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 www.adc.org.au

Immigration Information

If you are an overseas trained dentist who intends to migrate and work as a dentist 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 these 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 (<http://www.border.gov.au/>)

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 Australian Dental Council'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.

Identity/Change of Name

Applicants must state their full legally registered name **exactly as it appears on their 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 or newspaper announcements for this purpose. ALL candidates must provide a certified copy of the **signature of bearer page** of their passport with their application. Candidates should ensure that they have signed their passport prior to making the certified copy. If this page is not available another form of Government issued identification with the candidate signature and photograph may be acceptable.

Applicant's Personal Contact Details

ALL candidates must complete Section C 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 using the *Notification of Change of Contact Details* form, which is available on the ADC website. Re-issuing of documentation or correspondence will occur an administrative fee.

Please note:

Changes of contact details cannot be accepted after the close of on-line registration. You will need to ensure all correspondence is forwarded to your updated address. If you change your address it is your responsibility to make necessary arrangements for the redirection of your mail.

Agents

The ADC normally deals directly with applicants for the Written 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 *Authority to Act* form which can be downloaded from the ADC website at www.adc.org.au

If your application is successful the ADC will forward the details you have given in Sections B and C to Pearson VUE, which is the organisation that will run the examination sessions. You will need to book your examination through Pearson VUE. Pearson VUE can only deal directly with the candidate and NOT with an Authority to Act.

Closing Dates

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

The closing date for receipt of application forms for this examination is **8 December 2017**. If your application is successful you will be notified of the on-line booking period.

Exam Session

Candidates cannot postpone an examination. If, for any reason, you are unable to attend your nominated session, you will need to withdraw from the examination and reapply. Please refer to the withdrawal information in the Written Examination Handbook.

Examination Venue

The ADC Written Examination is delivered by Pearson VUE in multiple locations in Australia and overseas. The examination is only conducted in English.

While every effort is made to accommodate a candidate's venue preference, in exceptional circumstances the requested venue may not be available and an alternative will be offered.

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. **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 Written Examination Handbook for further details.



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 Applicant's Contact Details	<input type="checkbox"/>	All details completed please write your email address in BLOCK LETTERS (no supporting documents required).
Section D Emergency Contact Details	<input type="checkbox"/>	Name and contact details of an emergency contact person (no supporting documents required)
Section E 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 F Declaration	<input type="checkbox"/>	Signed and dated (no supporting documents required)
Section G 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