

CANDIDATE DETAILS

ADC reference no.

Name

Telephone no.

(Incl. country code)

Email address

Address

Examination session

Examination date

OFFICE USE ONLY
Date received stamp

REVIEW AGAINST THE PROCEDURES OF THE PRACTICAL EXAMINATION

There are two categories of appeal against the procedures of a practical examination. Indicate under which category you wish your appeal to be considered and then give a full description of the details to be considered.

- Procedural requirements not followed
- Performance impaired by deficiencies in examination procedures

Applications must be accompanied by all relevant supporting documentation, as explained in the Guidelines.

Signature of applicant and consent to collect information

Date / /

PAYMENT DETAILS

Application fee payable \$ _____ AUD

Please refer to current *Schedule of fees* on the ADC website. Applications with the incorrect fee will not be processed.

Cheques/money orders must be made payable in Australian dollars to the Australian Dental Council.
Cheques from Bank of India / State Bank of India are not accepted

Bank cheque/Australian Money Order

Credit card (choose one)

 **mastercard** **VISA**

Name of cardholder _____

Card no. _____

Expiry date (MM/YY) /

Amount _____

Card holder's signature _____



Post your completed form to Australian Dental Council, PO Box 13278, Law Courts Vic 8010, Australia

If you plan on sending your documents via courier, please post to Level 6, 469 Latrobe Street, Melbourne Vic 3000

The completed application form together with the required fee must be received by the ADC within 28 days of the date results were posted online.