

Office use only

Reference no. /



It is usual practice for the Australian Dental Council (ADC) to deal directly with applicants seeking an assessment of their qualifications. Australia's privacy legislation prohibits the ADC from discussing your application with third parties unless you specifically authorise the ADC to do so.

You may nominate a person, or an agent, to receive all correspondence regarding your application on your behalf. If you choose to do so, you will need to complete an Authority to act form. Once your *Authority to act* form has been processed, correspondence will only be sent to the person nominated on the form.

Please print clearly in **English** using **CAPITAL LETTERS**.

Both the ADC candidate and nominated person or agent are required to complete this form, where indicated in **black** or **blue** pen.

When submitting this form to the ADC, all signatures must be original. Copied or scanned signatures will not be accepted.

SECTION A. APPLICANT/CANDIDATE DETAILS

ADC reference no.

Surname/Family name

Given/first name(s)

Date of birth (DD/MM/YYYY) // Sex Female Male

Contact details for applicant/candidate only

Number and street

Suburb/Town/City Postcode

Country

Home phone number (Including country code) + Mobile number (Including country code) +

Email address

SECTION B. NOMINEE DETAILS (PERSON OR AGENT ACTING ON YOUR BEHALF)

ADC reference no.	<input type="text" value="Z"/>		
Surname/Family name	<input type="text"/>		
Given/first name(s)	<input type="text"/>		
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male	

Contact details for nominee only

Number and street	<input type="text"/>		
Suburb/Town/City	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
Home phone number (Including country code)	+ <input type="text"/> <input type="text"/> <input type="text"/>	Mobile number (Including country code)	+ <input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>		

SECTION C. DECLARATION

- I understand the nominated person or agent holds the authority to act on my behalf for the application pending at the time of receipt of this form.
- I agree to inform the Australian Dental Council of any changes to my circumstances and details as they become known.
- I am the person named in this Application and in this Authority.
- The above statements and the information provided in this form are true and correct.
- I understand that this authority to act is only valid during the processing of this application form.

Applicant's name (Print): _____

Applicant's signature: _____

Date (DD/MM/YYYY) /

Nominee's name (Print): _____

Nominee's signature: _____

Date (DD/MM/YYYY) /

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