

Office use only

Reference no. /



Please print clearly in **English** in **CAPITAL LETTERS** in **black** or **blue** pen.

The Australian Dental Council will only accept original forms. Forms which are scanned, faxed or photocopied will not be accepted.

All personal information will be handled in accordance with the *Privacy Act 2000*. Details may be verified with or provided to other agencies where necessary or required by law.

Use this form if you are changing your:

- Address
- Name
- Other contact details

Do not use this form if you are submitting a new written or practical application as new details should be noted on the application form.

SECTION A. APPLICANT/CANDIDATE DETAILS

ADC reference no.	<input style="width: 100%;" type="text" value="Z"/>		
Surname/Family name	<input style="width: 100%;" type="text"/>		
Given/first name(s)	<input style="width: 100%;" type="text"/>		
Date of birth (DD/MM/YYYY)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> /	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> /	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
		<input type="checkbox"/> Female	<input type="checkbox"/> Male

SECTION B. PREVIOUS CONTACT DETAILS

Surname/Family name	<input style="width: 100%;" type="text"/>		
Given/first name(s)	<input style="width: 100%;" type="text"/>		
Number and street	<input style="width: 100%;" type="text"/>		
Suburb/Town/City	<input style="width: 400px;" type="text"/>	Postcode	<input style="width: 100px;" type="text"/>
Country	<input style="width: 100%;" type="text"/>		
Home phone number (Including country code)	+	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 150px;" type="text"/>	Mobile number (Including country code)
			+
		<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 150px;" type="text"/>	
Email address	<input style="width: 100%;" type="text"/>		

The details provided in Section C are for contacting purposes only. Information sent to this address is intended for the applicant or candidate. This form does not give another resident the authority to act on behalf of the applicant or candidate.

SECTION C. NEW CONTACT DETAILS

Surname/Family name	<input type="text"/>				
First/given name(s)	<input type="text"/>				
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"/>	Mobile number (Including country code)	+	<input type="text"/>

SECTION D. DECLARATION

- I agree to inform the Australian Dental Council of any changes to my circumstances and details as they become known.
- I understand the information included in this form does not authorise another person to act on my behalf.
- I am the person named in this application.
- The above statements and the information provided in this form are true and correct.

Applicant's name (Print): _____

Applicant's signature: _____

Date (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"/>
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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**