

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 (supporting evidence required)
- 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 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"/>
		Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male

### SECTION B. PREVIOUS CONTACT DETAILS

Surname/Family name	<input type="text"/>		
Given/first name(s)	<input type="text"/>		
Number and street	<input type="text"/>		
	<input type="text"/>		
Suburb/Town/City	<input type="text"/>		
State/Province	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>
Home phone number (Including country code)	+	<input type="text"/>	
		Mobile number (Including country code)	+
		<input type="text"/>	<input type="text"/>
Email address	<input 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.

**Please Note:** If you wish to update or change your name, you must provide legal supporting evidence with this notification (i.e. marriage certificate). Supporting documents must be certified in line with the ADC Certification of Document Guidelines available on the [ADC website](#).



### SECTION C. NEW CONTACT DETAILS

Surname/Family name	<input type="text"/>		
Given/first name(s)	<input type="text"/>		
Number and street	<input type="text"/>		
	<input type="text"/>		
Suburb/Town/City	<input type="text"/>		
State/Province	<input type="text"/>		
Country	<input type="text"/>	Postcode	<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 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