

Office use only

Reference no. \_\_\_\_\_ / \_\_\_\_\_



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.

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.

Fees and charges apply when withdrawing from an examination. You should carefully read the relevant withdrawal guidelines in the *Written examination handbook* and *Practical examination handbook*.

## 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"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
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 B. EXAMINATION WITHDRAWAL

Please indicate the examination that you wish to withdraw from:

- Written examination: February/March 20 \_\_\_\_\_  Written examination: September 20 \_\_\_\_\_
- Practical examination: Date - \_\_\_\_\_

## SECTION C. REASON FOR WITHDRAWAL

Please provide a short statement explaining the reason for your withdrawal. Attach a medical certificate if applicable.

## SECTION D. REFUND

Withdrawal from a written or practical examination will incur a financial penalty. Please refer to the website for details of refund amounts. If you are eligible for a refund, and you used a credit card to pay for your examination, please complete the credit card authority below. The ADC can only credit funds back to the credit card used to pay the examination fee.

## Credit card refunds

  mastercard **VISA**

I, \_\_\_\_\_ authorise the Australian Dental Council  
to use my credit card details to refund me the amount of \$ \_\_\_\_\_ AUD

Name on credit card

Card number

   

Expiry date

  /  

Card holder's signature

Date

  /   /   

## SECTION E. DECLARATION

- I agree to inform the Australian Dental Council of any changes to my circumstances or details.
- I am the person named in this withdrawal and the information included in this form is true and correct.
- I understand that if I intend to sit an Australian Dental Council examination in the future, I will need to complete a new application form, re-submit all supporting documentation and pay the examination fee.
- I understand applications and fees are not transferable to future examinations.
- I understand failure to undertake any examination because of an inability to obtain a necessary visa or arrange travel, etc. will be considered a withdrawal and fees forfeit accordingly.

Applicant's name  
(Print):

Applicant'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