


REFERENCE NO.

Z

For ADC use only

Please complete the application form in English. Please complete in **CAPITAL LETTERS** using a **blue** or **black** pen.

Please post the application form, including the necessary supporting documentation, to the Australian Dental Council (ADC) once completed. We cannot accept scanned or emailed application forms.

Sections accompanied by  indicate sections where supporting documentation is required as evidence of the information you have supplied.

Please ensure the declaration in section F is signed before submitting your application. Applications which are not signed will not be processed.

**Processing time:** Please allow a turnaround of approximately four weeks from date of application receipt.

**SECTION A. PHOTOGRAPHIC IDENTIFICATION**

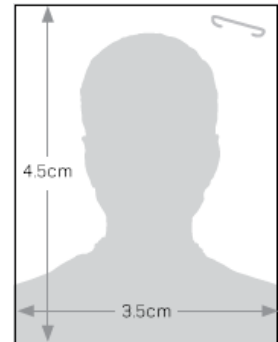
Please staple photographs here. 

Please supply two **certified**, colour passport sized photographs of yourself for the purposes of identification.

The photographs must be less than nine months old, include the **certification date** and **details of the certifying officer**

Certification guidelines are available on the ADC website

<https://www.adc.org.au/Publications-and-forms/Assessment-Publications>



**SECTION B. APPLICANT DETAILS**

Please provide certified copy of passport/evidence of any name change 

ADC reference no.

Z

Surname or family name

Given name(s)

Middle name(s)

Previous name(s)

Date of birth (DD/MM/YYYY)

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Please provide the correct address for the candidate named in the section above.

Number and street

Suburb/Town/City

Country

Home phone number  
(Including country code)

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State/Territory/Province

Postcode

Mobile number  
(Including country code)

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Candidate email address

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## SECTION C. EMERGENCY CONTACT DETAILS

Name(s)

Relationship to you  
(e.g. husband/wife)Home phone number  
(Including country code)+   

Mobile phone number +

Email Address

## SECTION D. EXAMINATION CATEGORY

Please indicate  the examination category below.

- General dentistry written examination
- Dental hygiene written examination
- Dental therapy written examination
- Dental hygiene and dental therapy combined written examination
- Dental prosthetist written examination

## SECTION E. AUTHORITY TO ACT



You may nominate a person, or an agent, to receive all correspondence regarding the written examination on your behalf. If you choose to do so, you will need to complete an *Authority to act* form.

Do you wish to nominate someone to act on your behalf?

Please mark  one option only.

- Yes. I have completed and attached an *Authority to act* form and understand all correspondence regarding the written examination will be forwarded to my chosen nominee.
- No. I do not wish to have someone act on my behalf.

**SECTION F. DECLARATION**

**Please read and ensure you understand the following declaration before signing.**

- I have read the written examination handbook relevant to my profession and understand the requirements of the examination.
- I accept that the examination fee is non-refundable in the event of failure. I also understand that if I withdraw or fail to sit the examination, a penalty will be incurred according to the withdrawal process detailed in the handbook.
- I undertake to inform the ADC of any changes to my circumstances or details.
- I have read the explanatory notes for this application form, and understand all the requirements of applying for this examination.
- I acknowledge that the ADC may verify documents provided in support of this application as evidence of my identity.
- I understand that failure to complete all relevant sections of this application form, including all supporting documentation, may result in delaying the processing of this application or refusal of this application.
- I understand that the ADC reserves the right to require further documentation in order to progress this application.
- I am the person named in this application and all attached documents.
- The information and documentation provided in the submission of this application form is true and correct.
- I give consent to the ADC to make enquiries and/or exchange information with the relevant authorities of any Australian state or territory, or other country, regarding my qualifications and/or practice as a dental practitioner or matters relevant to this application.
- I give consent to the ADC to contact me for quality control, educational and/or research purposes.

Candidate signature

Date (DD/MM/YYYY)

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**SECTION G. PAYMENT**

Applications are not processed until the written examination fee is paid in full. A receipt will be issued upon clearance of payment. Refer to the fee schedule available at [www.adc.org.au](http://www.adc.org.au) for a list of current fees.

**Payment by bank cheque or Australian Money Order**

Payment type

- Bank cheque  
 Australian Money Order (AMO)

Payment by bank cheque or AMO **must** be made in Australian dollars only.

**Please note we are unable to accept cheques from the State Bank of India/Bank of India, or cheques with adhesive tape on the cheque face.**

**Payment by credit card**

Credit card type

- Visa  
 MasterCard

Card Number

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Name on card

Card expiry date (MM/YY)

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Cardholder signature

## Explanatory notes and checklist

### Introduction

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

**Please take the time to carefully review your application and ensure all certified documentation is provided before submitting it to the ADC.**

A **complete** application includes the required, correctly certified documentation. If time permits, you will be notified in writing if any additional information is needed to process your application. Incomplete applications will result in processing delays or refusal of your application.

You will be notified in writing of the outcome of your application and the next steps in the process. In order to prevent delays, and ensure you are updated on the status of your application, an up-to-date email address must be provided.

### Certification

The ADC asks you to provide certified copies of any documentation required as part of your application. Failure to provide correctly certified copies can result in a processing delay or refusal of your application.

To prevent application processing delays, please ensure all accompanying documentation is certified in line with the Certification guidelines available at [adc.org.au](http://adc.org.au)

Please do not send original documents to the ADC as part of your application. The ADC will not return any original documents submitted as part of the application process.

### Translation of Documents

Any documentation provided to the ADC, which is written in a language other than English, must be accompanied by an English translation.

The ADC reserves the right to request applicants provide certified translations completed by a National Accreditation Authority for Translators and Interpreters (NAATI), formally known as Level 3, accredited translators.

All translated documentation must include the translator's details, such as their name and address, in English. Furthermore, if the document certification statement has been completed in a language other than English, this must also be translated.

### Identity/Change of Name

You must state your full legally registered name **exactly** as it appears in your passport.

If your name is different to the one displayed in your passport, official documentation showing the link to your previous name (e.g. a marriage certificate) must be supplied. The ADC does not accept affidavits/statutory declarations for this purpose.

### Applicant's Personal Contact Details

Section B of this application must be completed to ensure you receive all communication relevant to the written examination.

Re-issuing of documentation/correspondence will incur an administrative fee.

### Agents

The ADC will deal directly with you throughout the written examination process. Under Australian privacy legislation, the ADC is prohibited from discussing your application with third parties unless specifically authorised to do so.

If you want someone else, such as a family member or other agent, to communicate with the ADC on your behalf, you will need to complete an *Authority to Act* form. The *Authority to Act* form can be accessed via the ADC website [adc.org.au](http://adc.org.au)

Once this form has been processed, all correspondence will be sent to your nominated third party.

### Application Dates

If you are eligible to sit a written examination, you can submit a written examination application during the published application period. Application periods will be published via the ADC website [adc.org.au](http://adc.org.au)

### Examination Session:

Candidates cannot postpone an examination. If, for any reason, you are unable to attend your nominated session, you will need to withdraw from the examination and reapply. Please refer to the withdrawal information in the Written examination handbook relevant to your profession.

### Examination Venue

For **general dentistry** candidates, the written examination is delivered by Pearson VUE in multiple locations in Australia and overseas.

Whilst every effort is made to accommodate a candidate's venue preference, in some circumstances the requested venue may not be available and an alternative will be offered.

For **dental hygiene, dental therapy and dental prosthetist** candidates, the written examination is delivered in Melbourne, Australia only.

Please note: all visa and travel arrangements are the responsibility of the candidate. Candidates should ensure they are able to travel to the venue at the required time.

### Payment

If you are paying by Visa or MasterCard, please ensure there are sufficient funds in your account to cover the fee transaction. The ADC will only attempt to process the fee payment from your nominated credit card once.

**English language test – OET and IELTS Results**

You are **not required** to provide evidence of English language proficiency to sit the ADC written examination.

The examination is only conducted in English.

**Withdrawal from the examination**

If you withdraw from an examination, you must advise the ADC in writing via a *Notification of withdrawal from an ADC examination* form available via [adc.org.au](http://adc.org.au)

The ADC does not accept withdrawal statements via email or telephone. For further details, please refer to the Written examination handbook relevant to your profession.

Applications and examination fees are non-transferable.

**Please note:**

Failure to undertake the examination because of an inability to obtain necessary visas or to arrange travel, etc. will be considered a withdrawal and the withdrawal process will apply.

**Checklist**

Please check to ensure the following information is completed in your application

**Section A**

- Two certified colour passport sized photographs

**Section E**

- Authority to act* form, if applicable.

**Section B**

- All details completed using CAPITAL letters.
- Certified copy of change of name evidence, where applicable.
- Certified copy of relevant passport pages, including signature page.

**Section F**

- Read, understood, and signed the declaration.

If in doubt, please contact the ADC on (03) 9657 1777.

**Section G**

- All payment details supplied, or cheque provided.

**See [adc.org.au](http://adc.org.au) for more information.**

**Section C**

- Name and contact details of an emergency contact person (no supporting documents required)

**Section D**

- Category selected



**Post applications and certified documents to: PO Box 13278, Law Courts Vic 8010, Australia**

**If you are sending your documents via courier, please use the ADC physical address:**

**Level 6, 469 La Trobe Street, Melbourne, 3000.**