



This form should be completed by anyone wishing to raise a concern in relation an Australian Dental Council (ADC) accredited program that may not meet one or more of the ADC/Dental Council (New Zealand) Accreditation Standards for dental practitioner programs.

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## Your details

Please provide your details so that we may respond to your concern.

Surname

First name

Telephone

Mobile

e-mail

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## Details of your concern

Please provide the following details as they relate to the education provider and/or program.

Education provider

Education program

Description of the concern

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Please send the completed form together with any supporting documentation to [accreditation@adc.org.au](mailto:accreditation@adc.org.au) or by post to:

Director, Accreditation and Quality Assurance

**The Australian Dental Council**

PO Box 13278

Law Courts VIC 8010