



APPLICATION FOR MEMBERSHIP ADC CANDIDATE

Office Use Only

ADAVB Member No. ADAVB Classification Guild Category

Section 1 – Declaration by Applicant

I, hereby apply to become a member of the Australian Dental Association Victorian Branch Inc. (ADAVB). If elected to be a member of the Association, I agree to be bound by the Constitution, Rules and By-Laws* made by the Association or the Council. I undertake at all times to uphold the professional and ethical obligations of membership. I also understand that election to membership also includes mandatory membership to the Australian Dental Association Inc. (Federal), by virtue of requirements under the Constitution, Rules and By-Laws* of the ADAVB. I hereby state that all information supplied is true and correct. I am aware that any omission or false declaration in this application may lead to Council declaring my membership denied or annulled.

Signature

Date

* A copy of the Constitution, Rules and By-Laws of the ADAVB may be perused at the ADAVB office.

Section 2 -Nomination of Applicant

This section will be completed by Executive Committee members.

Proposer

Secunder

Office held: Vice President

Office held: Honorary Secretary

Name

Name

Signature

Signature

Date

Date

Section 3 -Personal Details

Title

Preferred mailing address

First Name

Surname

Phone (home)

Town/Suburb Postcode

Phone (mobile)

Email*

Home address *Same as mailing*

Date of birth

Place of birth

Gender Male Female

Town/Suburb Postcode

* If you wish to unsubscribe from our Alert services, opt out facilities are available

Section 4 –Qualifications and ADC Status

ADC Reference Number

Please attach evidence that you have successfully completed the OET (Occupational English Test) and ADC Preliminary (Part A) Examinations. These must be provided for your application to be considered.

University of Graduation (Include Post Graduation details)

Year graduated

Degrees (Include Post Graduation details)

Year graduated

Section 5 – Insurance Details

ADC Candidates are recognised as a Student Classification for ADAVB Membership.

ADAVB Student Membership includes FREE Student Liabilities Insurance from Guild Student Insurance.

Guild Student Insurance is available to ADC Candidates whilst they are a current ADAVB Student Member. This cover is in place only when the student is domiciled and studying in Australia and does not extend to cover a student whilst studying overseas. This cover will expire once the student leaves Australia.

Please answer the following questions:

Have you had a criminal conviction? Yes No

Have you ever had a finding of professional misconduct, unprofessional conduct or unsatisfactory professional performance made against you? Yes No

Has any claim ever been made or negligence alleged, or circumstances been notified to You, or any insurer, which may give rise to a claim in relation to or arising out of a dental practice? Yes No

To Your knowledge, is there now any claim or circumstance that may give rise to a claim against You? Yes No

Has any insurance company in connection with Public Liability, Products Liability, or Professional Indemnity insurance of You:

- Declined to accept a proposal, or cancelled or declined to renew a Policy? Yes No
- Imposed special conditions or excesses? Yes No
- Refused to meet or denied a claim submitted? Yes No

If 'Yes to any of the above questions, please provide details below:

Date of incident Date you were first aware of incident
Description of incident
Details of third party Supervisor present Yes No
Cost of this incident

Section 6 – Payment Details

APPLICATIONS BY ADC CANDIDATES ARE ACCEPTED AT NO COST. SUBSCRIPTION COSTS ARE SUBSIDISED BY THE FULL MEMBERS OF THE ASSOCIATION.

Please note that “student” membership will be maintained for up to four years while you are a candidate for the ADC assessments and resident in Australia. Please advise us immediately if either of these two does not apply.

Section 7 – Privacy

The Australian Dental Association Victorian Branch Inc. (ADAVB) maintains a database of names, addresses and other information relevant to the participation of members and their staff in the GIL Insurance scheme, as the ADAVB is a Corporate Authorised Representative of Guild Insurance Ltd. This data is accessed by ADA staff to mail information and it is made available to GIL for their administrative purposes. You may request, at any time, a copy of personal information held by the Branch.

Please Return to: ADAVB, PO Box 9015, South Yarra Vic 3141
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Phone: 03 8825 4600 Fax: 03 8825 4644
ask@adavb.org www.adavb.net

