



## APPLICATION FOR MEMBERSHIP DENTAL STUDENT

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.

I understand that in considering my application, the ADAVB may need to review my personal information relating to my current dental school enrolment including year level and course completion. I consent to the ADAVB seeking access to such information and using that information and to the relevant organisation disclosing such information.

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**

Office held: Vice President  
 Name   
 Signature   
 Date

**Secunder**

Office held: Honorary Secretary  
 Name   
 Signature   
 Date

### Section 3 – Personal Details

Title <input type="text"/>	Preferred mailing address
First Name <input type="text"/>	<input type="text"/>
Surname <input type="text"/>	<input type="text"/>
Phone (home) <input type="text"/>	Town/Suburb <input type="text"/> Postcode <input type="text"/>
Phone (mobile) <input type="text"/>	
Email* <input type="text"/>	Home address <input type="text"/> <i>Same as mailing</i>
Date of birth <input type="text"/>	<input type="text"/>
Place of birth <input type="text"/>	<input type="text"/>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Town/Suburb <input type="text"/> Postcode <input type="text"/>

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

## Section 4 – Qualifications

Dental School Attending\*  Year Commenced

Current Student Year  1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year  4<sup>th</sup> Year  5<sup>th</sup> Year

Are you on a Student Visa?  Yes  No

\* To be eligible for student membership, students must be enrolled in a course leading to a primary qualification to enable registration as a dentist conducted in any university in Victoria.

## Section 5 – Insurance Details

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

Do you wish to receive FREE Student Liabilities Insurance from Guild Student Insurance?  Yes  No

(Free Guild Insurance is available whilst a current ADAVB Member up to 18 months after graduation. New Graduates will need to complete a Guild Insurance Application & Declaration Form provided by the ADAVB to receive this free cover)

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 DENTAL STUDENTS ARE ACCEPTED AT NO COST. SUBSCRIPTION COSTS ARE SUBSIDISED BY THE FULL MEMBERS OF THE ASSOCIATION.**

Please note that "student" membership will be maintained while you are a current student in a Victorian Dental School. Please advise us immediately if this 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 Guild 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 Guild 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  
Level 3, 10 Yarra Street, South Yarra Vic 3141  
Phone: 03 8825 4600 Fax: 03 8825 4644  
ask@adavb.org www.adavb.net**

