



# Dental Nursing Australia

National Provider No. 52256

.....  
Date

## Application Form Short courses

Please indicate preference:

- Radiography
- Infection Control
- Theatre Techniques
- Refresher
- Other .....

### Flexible delivery short courses

## 1. Personal Details

Title ..... Sex..... Surname .....

First Given Name .....

Second Given Name .....

Former Surname ..... Date of Birth .....

Nationality .....

Guardian if under 18 ..... Guardian Phone .....

Notification Address .....

..... Postcode .....

Phone Home ..... Business ..... Mobile .....

Email .....

Permanent Home Address .....

Employer Details .....

## 2. Conditions of Application and Enrolment

*Please read carefully - applicant should keep a copy of this form and a signed copy should be lodged with Dental Nursing Australia*

*I understand the following conditions apply to my application and enrolment as outlined on the Letter of Offer.*

### **Payment of Fees**

Course fee charges are to be paid in sufficient time to get a student visa prior to the commencement date of the course. All payments are to be made in Australian dollars and payable to Dental Nursing Australia.

### **Accommodation**

Dental Nursing Australia will endeavour to assist regional Students with accommodation for their time of enrolment at the colleges.

### **Excursion Permission**

The students may attend excursions organized and approved by the College staff as part of the teaching/learning or recreation programmes. For students under 18 year of age a permission form must be signed by the parent(s), guardian or carer.

### **Termination of Study**

Failure to abide by Dental Nursing Australia college policies and procedures and Government regulations may result in termination of enrolment.

### **Under 18 Aged Students**

For the care and well being of students under the age of 18 they are required to adhere to the college's policy and procedures for student under 18 years of age.

### **Grievances**

Policy and procedure documents are issued during the Orientation Programme. In the case of grievance students have the right to take further action under the Western Australian Government Consumer Protection laws.

### **Personal Information**

As a registered provider Dental Nursing Australia is required to provide certain information about students to various government departments in accordance with the requirements of Government Acts and regulatory requirements.

### **Application Information**

Information presented with an application must be true and correct. An enrolment may be terminated if incorrect information is provided.

**Change of Address**

It is the student's responsibility to inform Dental Nursing Australia of any changes to their personal details.

**Declaration**

I..... have read and understood the information provided by the college and will abide by conditions of application/enrolment policy, Dental Nursing Australia policy and procedures and refund policy; and declare that the information provided with the application is true and correct.

Signature ..... Date .....  
Student/Parent/Guardian

Full Name .....

I ..... declare that the information provided is current and correct.

Applicant's signature ..... Date .....

**3. Completion of Application Form**

Dental Nursing Australia has an 'Application Support Number' for those applicants requiring more information or assistance with their application.

Please call **1300 855 503** or International **+61 8 9479 4865**

Fax **+61 8 9479 4880**

- Please remember to complete all sections of the form if possible
- Additional sheets of information can be included
- Please use black or blue pen
- Do not submit more than one application
- Faxed or emailed applications will be accepted

## 4. Submission of this application

Post applications to: **Applications**  
**Dental Nursing Australia**  
**PO Box 69**  
**Belmont**  
**Western Australia 6984**

Email applications to: **admin@dentalnursingaustralia.com**

You will be notified by letter or email regarding the details of your programme.

**WISHING YOU EVERY SUCCESS WITH YOUR ENDEAVOURS.**

Empower Your Dreams - Make Them Happen

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Privacy Policy (following the Privacy Act 2001):

Information in this document will be kept secure all times, attainable only by appropriate staff and will not be utilised for any other purpose than to provide entrance into the training programme concerned.