



Application Form
CERT IV DENTAL PRACTICE MANAGEMENT (50061)

Please indicate preference

- 1. FULL-TIME
- 1. PART-TIME
- 3. CORRESPONDENCE

Location:

- BUNBURY MANDURAH

*Please provide a C.V. or Personal Portfolio if available with your application
Please complete all questions*

1. PERSONAL DETAILS

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

First given name.....

Second given name..... Language spoken.....

Date of Birth..... Australian Nationality: YES / NO

Former Surname.....

Notification Address.....

..... Postcode.....

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

E-mail.....

Permanent Home Address.....

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2. EDUCATION QUALIFICATION

Supply only photocopies of documents with Application

If you are unable to supply copies of documents. please supply a written summary of results.
If your application is successful you will be required to present the original documents in
Order to complete your enrolment.

3. WORK EXPERIENCE.....

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4. EMPLOYMENT HISTORY.....

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5. SECONDARY EDUCATION

If you completed year 10, attach a statement from your school indicating your academic records for year 9 and 10.

If you completed year 11 or 11 & 12, attach a statement from your school indicating your academic record for year 11 or 11 & 12 and a copy of your certificate of lower secondary studies.

Attach copies of any other relevant school documentation you may feel is relevant.

6. POST SECONDARY QUALIFICATION ATTAINED

Attach copies of any Post Secondary qualification you have achieved and list the qualifications below.

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

Applicants signature.....Date.....

COMPLETION OF APPLICATION FORM

Dental Nursing Australia has an "Application Support Number" for those applicants requiring more information or assistance with their application: **1300 8555 03**

- *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 E-mailed applications will be accepted*

SUBMISSION OF THIS APPLICATION

Post applications to: Applications Practice Management
Dental Nursing Australia
P.O. Box 6014
South Bunbury 6230 W.A.

OR fax to: (08) 9726 3383

*Application must include appropriate documentation to be fully processed.
You will be notified by letter or telephone of the result of your application.*

Please Note: This is not an Enrolment Form

WISHING YOU EVERY SUCCESS WITH YOUR ENDEAVOURS!

Privacy Policy (Following the Privacy Act 2001)

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