



**APPLICATION FORM**

**DIPLOMA IN DENTAL TECHNOLOGY (DENTAL TECHNICIAN)**

◇ DIPLOMA IN DENTAL TECHNOLOGY (HLT50507) CRICOS No: 064372J

CRICOS No: 02899B PROVIDER No: 6811

*Please indicate preference:*

Full-Time ◇ Traineeship/Apprenticeship ◇ Full-Time International Student ◇

Location: Mandurah ◇ Bunbury ◇ Geraldton ◇ Perth ◇

*You may provide extra documentation to enhance your application (C.V.)*

*Please complete as many questions as possible*

**1. Personal Details**

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

First Given Name .....

Second Given Name ..... Languages Spoken .....

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

Former Surname .....

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

Notification Address .....

..... Postcode .....

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

Email .....

Permanent Home Address .....

.....

Overseas Address .....

.....

*Personal Details*

APPLICATION FORM DIPLOMA IN DENTAL TECHNOLOGY (DENTAL TECHNICIAN)

2. Work Experience ( Any areas )

Dotted lines for writing work experience.

Work Experience

3. Employment History

Dotted lines for writing employment history.

Employment History

4. English Studies / English Level (International Students)

Dotted lines for writing English studies/level.

English Level

5. Education / Qualifications / Secondary Education

Supply only photocopies of documents with Application

If you are unable to supply copies of documents, please supply a written summary of results, which will be discussed and reviewed at interview.

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 school documentation you may feel is relevant.

Please indicate:

Year 10

Year 11

Year 12

Summary Evidence only

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

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*Qualifications*

**7. Life Experiences**

*Describe any life experiences which may assist your application.*

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*Life Experience*

**8. Special Interests/Hobbies**

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*Special Interests*

**9. Personal Achievements / Positions of Responsibility**

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*Personal Achievements*

**10. Short Courses or other Certificates Attained**

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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 855 503, 0409 371 081, or (International) +61 8 9792 4440**

- ◆ *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*

***Submission of this Application******Post Applications to:***

Applications  
Kingston Training & Employment  
P.O. Box 8336  
South Perth  
Western Australia 6151

**Email: [admin@dentalnursingaustralia.com](mailto:admin@dentalnursingaustralia.com)**

*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***

***Empower Your Dreams ~ Make Them Happen***

***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.*

*Kingston Training & Employment*