



## Dental Nursing Australia Recognition of Prior Learning Application Form

Applicant to complete Name and details and section (A) OR Section (B)

Date:.....DOB:.....

Applicants Name:.....

Address:.....

Contact Phone:.....Mobile:.....

Email:.....

Student ID:.....

**SECTION A:** If you are applying for RPL for a whole qualification  
E.g. HLT31812 Certificate III in Dental; Assisting

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**SECTION B:** If you are applying for RPL for a unit(s) of competency, a partial completion of a qualification  
E.g. HLTHIR301C Communicate and work effectively in health

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Student signature:.....Date:.....

Please send all completed forms and supporting information / evidence to:

Dental Nursing Australia, Email: [admin@dnakingston.com.au](mailto:admin@dnakingston.com.au)

P.O. Box 69, Belmont, 6984, Ph- 1300855503,

Office only: Date received.....Processing Lecturer.....