



Dental Nursing Australia

APPLICATION FORM DENTAL ASSISTING

- CERT III DENTAL ASSISTING (HLT31807)
- CERT IV DENTAL ASSISTING (HLT43007)

CRICOS No: 02899B PROVIDER No: 6811

Please indicate preference:

Full-Time **Part Time** **Correspondence** **International Student**

Location: **Mandurah** **Bunbury** **Geraldton** **Perth** **Albany**

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 DENTAL ASSISTING

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

APPLICATION FORM DENTAL ASSISTING

6. Post Secondary Qualification Attained

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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APPLICATION FORM DENTAL ASSISTING

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 or 0409 371 081**

- ◆ *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:***

Regional: (including Mandurah, Bunbury, Correspondence, Geraldton and Albany)

Applications
Dental Nursing Australia
P.O. Box 6014
South Bunbury
Western Australia 6230

Metro: (including Perth, Interstate and Overseas)

Applications
Dental Nursing Australia
P.O. Box 8336
South Perth
Western Australia 6151

Fax No - (08) 9726 3383

Email: 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.

Dental Nursing Australia