



Application Form  
**INFECTION CONTROL MANAGEMENT**

*Please indicate area of training required*

- 1. INDIVIDUAL MODULE CORRESPONDENCE**  
Infection Control Module HLTDA1A
- 2. AT THE PRACTICE FOR THE PRACTICE (HALF DAY WORKSHOP)**
- 3. CUSTOMIZED TRAINING FOR THE PRACTICE**

**1. PERSONAL DETAILS FOR INDIVIDUAL APPLICANTS**

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

First given name.....

Second given name.....

Birth date.....

Former Surname.....

Place of work address.....

..... Postcode.....

Telephone Home..... Business..... Mobile.....

Postal address.....

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**2. EDUCATION / QUALIFICATIONS**

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**3. EMPLOYMENT HISTORY**

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#### 4. PRACTICE DETAILS FOR WORKSHOP APPLICATION

Practice name.....

Principle of the Practice.....

Practice Manager.....

Practice address.....

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Telephone..... Business..... Mobile.....

Number of potential participants.....

Time preference.....

Date preference.....

#### 5. APPLICANTS OR MANAGERS

Signature..... Date.....

#### COMPLETION OF APPLICATION FORM

Dental Nursing Australia has an "Application Support Number" for those Applicants requiring more information of assistance with their application – **1300 8555 03 (Susan Lawton)**

- *Please remember to complete all relevant section of the form.*
- *Please use black or blue pen.*
- *Do not submit more than one application form.*
- *Faxed applications will be accepted.*
- *Please note: This is not an enrolment form.*

#### SUBMISSION OF THIS APPLICATION

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

**OR fax to: (08) 9726 3383**

*You will be notified by letter or telephone of the result of your application.*

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

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**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.*