

# Australian Clinical Dental Course (ACDC)



## Expression of Interest Form

### Your details

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Gender:  Male  Female

Citizen:  Yes  No

Permanent resident:  Yes  No

### Qualifications

Name of Dental School: \_\_\_\_\_

Name of University: \_\_\_\_\_ Country: \_\_\_\_\_

English language requirements OET:  Passed  Failed

### Australian Dental Council Examinations

Theory written examination:  Passed  Failed

Clinical examination:  Passed  Failed  Not yet appeared

Clinical examination Supplementary:  CD 1  CD 2  CD 3

Training programmes undergone in Australia:  AIDER  Melbourne University OTC course  
 Other –please specify \_\_\_\_\_

Please return this form to:

**Plenty Valley Community Health** 187 Cooper Street, Epping VIC 3076

EMAIL: [acdc@pvch.org.au](mailto:acdc@pvch.org.au)

