

**DENTAL BOARD OF NEW SOUTH WALES**

**Level 3, 28-36 Foveaux St  
SURRY HILLS NSW 2010  
Telephone: 9281-0835**

**PO Box K1116  
HAYMARKET NSW 1240  
Fax: 9211-3606**

**APPLICATION FOR REGISTRATION AS A DENTAL AUXILIARY  
(DENTAL THERAPIST) IN NEW SOUTH WALES**

<b>I hereby seek registration as a Dental Therapist in New South Wales. Pursuant to Section 19 (1)(b) Dental Practice Act 2001</b>
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1. Surname

Given Names

Address

Postcode

Telephone

Fax

Date of Birth

Sex M or F (tick)

2. Qualifications for Registration

A certified copy of degree / diploma is required as support for the application:

1. Primary Dental Diploma

2. University/Institution

Date Commenced  
Date Completed

3. Year Conferred

4. Documentary evidence that I am, or was by law entitled to be registered or to practise as a dental therapist in the country in which my qualifications were awarded.

5. Evidence of having passed the required examination.

6. Additional Qualifications

Qualifications	University/Institution	Year Conferred
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(Note: only qualifications approved by the Board will be listed in the register).

3. Registration in Other Jurisdictions

1. If you are currently registered in another Australian State or overseas jurisdiction to practise as a dental therapist please indicate:

Name of Jurisdiction

Date of Registration

Registration Number (if any)

If you do hold registration in another jurisdiction you must arrange for a letter of good standing to be forwarded to the Board from that registering authority.

4. Convictions for Serious Offences

Have you been convicted in New South Wales or elsewhere of an offence?

No Yes (if yes give details)

Date of Offence

Jurisdiction

Date and Court of Conviction

Nature of Offence

5. Good Character

1. Have you been refused registration as a dental therapist in any Jurisdiction:

No Yes (tick)  
(If Yes ... provide full details as addendum to this application).

2. Have you been removed or suspended for any reason from any statutory register?

No Yes (tick)  
(If Yes ... provide full details as addendum to this application).

3. Character References

You are required to attach three references from professional persons who have known you for at least twelve months. (References must attest to character, be dated within the last three months and state the qualifications and name of the professional giving the reference. Please note the character references cannot be given by family members). **(Please see next page for example).**

Name of Referee	Position	Date of Reference
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- a.
- b.
- c.

4. Two references from previous employers (if available) should also be attached.

6. Professional Indemnity Insurance – Circle Appropriate

My Professional Indemnity Insurance is covered by:

(a) Insurance Provider \_\_\_\_\_ Member code: \_\_\_\_\_

- (b) I satisfy an exemption from the Regulation:
- Employee of public health organization
  - Government indemnity
  - Indemnified employee
  - Other (Please Specify) \_\_\_\_\_

(c) I am in the process of applying for Professional Indemnity Insurance and I undertake to contact the NSW Dental Board with details of my Professional Indemnity Insurer when I have secured employment. I understand that I cannot commence practice until I have obtained relevant insurance.

7. Photograph

You are required to provide a passport photograph of yourself signed with your usual signature, and certified as a true likeness of you by a referee (5.3) or a Justice of the Peace, on the reverse.

**Question 5 (3) of the Application Form for Registration requires three character references. Below for your information is a draft template for these references.**

LETTERHEAD OF PROFESSIONAL SUPPLYING CHARACTER REFERENCE.

THE REFEREE IS REQUIRED TO HAVE KNOWN THE APPLICANT FOR MORE THAN ONE YEAR AND THE REFERENCE MUST BE DATED WITHIN 3 MONTHS OF THE APPLICATION TO THE BOARD.

Date

TO WHOM IT MAY CONCERN

I confirm that I have known (name) for (number of years in words). (State relationship – social, business, working together in some other capacity).

At all times I have found (name/him/her) to be (state characteristics – eg. dependable, reliable, hard working, conscientious, honest, courteous, etc (to satisfy character it is not required to state clinical skills as these are working references)

Yours faithfully,

(Name of Referee)

### **Evidence of Identity**

All applicants for registration must satisfy the relevant dental board of their identity. Applications will need to provide proof of personal identity by way of presentation of verifiable documentation.

Provided below is a list of those documents that may be presented to the dental board along with their matched point value.

### **Documents with a minimum value of 100 points must be submitted:**

At least ONE document from Category A

Only ONE document from Category B

At least TWO documents from Category C (if not submitted in category B)

#### Category A (70 points)

- Passport & visa (current).
- Birth Certificate /Birth Card (NSW) (original or extract).
- Citizenship Certificate.

#### Category B (40 Points)

- Licence or permit issued under a law of the Commonwealth or State or Territory.
- Identification Card issued to a public employee.
- Student ID Card issued from an Australian Tertiary Education Institution.

#### Category C (25 Points)

- International Drivers Licence.
- Medicare Card.
- Public Utilities Accounts (Bills).

8. Evidence of Identity

You are required to produce documentary evidence of identification for registration. Please refer to page 5 for details of appropriate documents. A photocopy of an original will be made by the Board if you apply in person. Otherwise a certified copy is required.

9. Declaration

I ..... (the applicant) declare that all the information provided in this application is correct. I also declare that I can speak English well enough to practise as a dental therapist. I further declare that I am not addicted to any drug or alcohol and that I have no physical or mental impairment that prevents me from practising as a dental therapist.

I attach the sum of \$ ..... as registration fee.

..... Signed Date .....

.....Witness Date .....

Authorisation

1. I authorise and consent to the Dental Registration Board of New South Wales and its registrar, inspectors and employees to approach and request information from the persons, institutions and organisations named in my application and from other persons institutions and organisations as the Board may consider appropriate in order to determine my eligibility for registration as a dental therapist in New South Wales.
2. I indemnify the Dental Board, its registrar, inspector and employees from any actions and claims by any person arising from any request for and supply of information and the consideration and processing of my application for registration as a dental therapist in New South Wales.

..... Signature

FEES This can be in the form of a cheque or money order payable to the Dental Board of New South Wales.

Your application cannot be processed unless you provide all the required documentation, attach the application fee and sign the form.

Application fee	\$100.00
Provisional Registration Fee	\$40.00

Office Use Only:

Date:

- |        |                                    |                    |
|--------|------------------------------------|--------------------|
| (i)    | Form Completed                     | (tick and initial) |
| (ii)   | Any annexure related to conviction |                    |
| (iii)  | Degree/Diploma sighted             |                    |
| (iv)   | Reference                          |                    |
| (v)    | Professional Indemnity Number      |                    |
| (vi)   | Identity                           |                    |
| (vii)  | Photograph                         |                    |
| (viii) | Declaration completed              |                    |
| (ix)   | Registration Fee Received          |                    |

Section of the Act 19 (1) (b)

Full Registration Number