



Membership Application GRADUATE DENTIST

Declaration

- I hereby apply for membership of the Australian Dental Association, South Australian Branch Incorporated.
- I agree to be bound by the Constitution and Code of Ethics for the time being in force. These documents are available on the ADASA web site or will be provided to you on request.
- I undertake at all times to uphold the professional and ethical obligations of membership.
- I understand that application of membership also includes mandatory membership to the Australian Dental Association Incorporated (Federal) by virtue of requirements under the Constitution of the Australian Dental Association South Australian Branch Incorporated.
- I further understand that I must notify the Australian Dental Association South Australian Branch Incorporated in writing or update my profile myself via the web site, of any change of status (e.g. changing number of declared hours).

Have you currently or in the past had a statutory complaint upheld against you? YES / NO

Has your registration to practice in any jurisdiction ever been suspended, revoked or had any restriction or condition imposed? YES / NO

Have you ever had membership of this Association, or a similar organisation, refused or terminated? YES / NO

If you have answered yes to any of these three questions please provide details on a separate sheet.

By signing this form I declare that the information I have provided is true and correct.

Signature of applicant

Date

OFFICE USE:

ADASA ID

ADA ID

BPay Ref

Personal Details

Title	<input type="text"/>	Sex	<input type="text"/>
* First Name	<input type="text"/>	Home Phone	<input type="text"/>
Middle Name	<input type="text"/>	Work Phone	<input type="text"/>
* Last Name	<input type="text"/>	Mobile	<input type="text"/>
* Date of Birth	<input type="text"/>	Languages	<input type="text"/>
* Email	<input type="text"/>		

HOME

Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>

POSTAL (if different to home)

* Address	<input type="text"/>		
* Suburb	<input type="text"/>	* State	<input type="text"/>
* Postcode	<input type="text"/>	Country	<input type="text"/>

Dental Qualifications

Initial
Qualification

BDS

Graduating
University

Year of
Graduation

2018

Membership & Registration

Which ADASA category are you applying for?

G - Graduate

Which Federal category are you applying for?

G - Graduate

Federal N° (if known)

If not Guild, who is your
professional indemnity provider

Registration No
(AHPRA)

Division/Registration Type

General

Working Information

PRINCIPAL WORKPLACE

Name

Address

Suburb

State

Postcode

Country

Phone

Fax

Is this practice

PRIVATE PRACTICE / GOVERNMENT PRACTICE / HEALTH FUND / DEFENCE / OTHER

* Total average weekly hours worked in: Public practice Private practice Other

* Please select, are you: EMPLOYED CONTRACTED ASSOCIATE PARTNER SOLE OWNER LOCUM



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