



# New Membership Application Form

**Disclaimer: If an applicable section is left blank we will be unable to process your application. Please fill in all sections/fields that apply to you.**

## 1. Personal Details

Title  
First Name  
Preferred Name  
Middle Name  
Last Name  
Date of Birth  
Email

Gender  
Home  
Mobile  
Australian Resident YES / NO  
Language/s

### Home

Address  
Suburb  
Postcode

State  
Country

### Postal (must be in South Australia)

Please tick if same as above

Address  
Suburb  
Postcode

State  
Country

## 2. Registration

Federal ID No. (if known)  
(AHPRA) Registration No.  
Category applying for  
*\*see subscription rates*

Professional Indemnity Insurance Provider  
PI Policy No.

*If you wish to apply for Guild Insurance at a discounted member rate please call Guild Insurance on 1800 810 213 or visit [guildinsurance.com.au](http://guildinsurance.com.au)*

### 3. Dental Qualification (A or B only)

#### a) For Australian Dental Qualification

Initial Qualification

Graduating University

Year of graduation or year expected to graduate

Country where qualification obtained

#### Additional Qualifications

\*Initial Dental Qualification

\*Graduating University

\*Year of Graduation

#### b) Initial Dental Qualification (For ADC Students only to complete) \*

Initial Dental Qualification

Town and country

Year of qualification

Date you enrolled to ADC

Year you expect to graduate

*Please provide proof that you are a candidate actively participating in the Australian Dental Council (ADC) examination - [www.adc.org.au/assessments/dentists/](http://www.adc.org.au/assessments/dentists/)*

\* ADC students - please complete Guild Insurance information (section 9) on last page.

### 4. Study Information

Enrolment date

Institution of study

Expected graduation date

Course name

*Please provide proof that you are currently enrolled in a dental postgraduate course in any university in Australia.*

## 5. Working Information

### Principal Workplace

\*Please tick if you are:

- Employed     Contracted     Associate     Partner  
 Sole Owner     Locum     Unemployed     On Leave

Practice Name

Practice Address

Suburb

State

Postcode

Country

Practice Phone

Is the practice:     Private     Government     Health Fund     Defence     Other

Are you a tutor with TAFE SA? YES / NO

Are you a tutor with The University of Adelaide, School of Dentistry? YES / NO

Are you an examiner with Australian Dental Council? YES / NO

Current average hours worked per week

## 6. Referee Details

To apply for membership you are required to provide the names of two professional referees, **both must be financial dentist members of the Australian Dental Association** and unrelated to you. Nominated referees will be contacted to provide written references to support your application.

ADC students are not required to complete this section.

### Referee 1

Full Name

ADA Member of which state

Federal ID

Email address

### Referee 2

Full Name

ADA Member of which state

Federal ID

Email address

## 7. Declaration

I hereby apply for membership of the Australian Dental Association SA Branch Incorporated.  
I agree to be bound by the Constitution and Code of Ethics. These documents are available on the ADA SA website 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 on SA Branch Incorporated.

I further understand that I must notify the Australian Dental Association SA Branch Incorporated in writing or update my profile myself via the website, 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 on 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

## 8. Payment

Total cost for ADA SA & ADA Inc. Membership (refer to subscription rates for costs) \$

I wish to pay the total amount due by BPay

I wish to pay membership monthly, please send me an agreement form to sign

I wish to pay the total amount due by credit card

Card Type VISA / MASTERCARD

Cardholder name

Card number

Card Expiry

CVV

Cardholder Signature

## 9. Insurance Information - For ADC Students only to complete

Please refer to the Important Notices Document for information on your [Duty of Disclosure obligations](#) and how Guild Insurance manages your privacy.



### HISTORY

Overseas qualified applicants:

Have you undertaken the Australian Dental Council (ADC) examination procedure? YES / NO

What date did you graduate?

Have you practiced outside of Australia? YES / NO

If you answer “yes” to any of the above questions, Your application will be referred to Guild Insurance Limited for review.

All applicants:

In the last 5 years have you:

- Had an insurance application rejected or policy cancelled by an insurer? YES / NO
- Had a renewal refused or a compulsory excess or special condition imposed? YES / NO
- Been subject to a claim of the type covered by the proposed insurance (professional indemnity, public and products liability)? YES / NO
- Become aware of any facts or circumstances which may give rise to a claim of the type covered by this proposed insurance? YES / NO
- Been subject to any investigation, examination, or inquiry for professional misconduct? (This includes conditions, undertakings or reprimands attaching to your professional registration) YES / NO

If you answer “yes” to any of the above questions, please attach details with your application.

Your application will then be referred to Guild Insurance Limited for review and You may be contacted for additional information.

### DECLARATION

I acknowledge that I have read and understood the [Privacy Policy and Duty of Disclosure](#) from Guild Insurance Limited that were provided to me with this application form. YES / NO

I declare that the information I have provided is true and correct

Full name

Signature

Date

*Insurance issued by Guild Insurance Limited ABN 55 004 538 863, AFS Licence No. 233791 and subject to terms, conditions, and exclusions. Guild Insurance supports ADA SA through the payment of referral fees. ADA SA is an authorised representative of Guild Insurance. Please refer to the policy wording and policy schedule for details. For more information call 1800 810 213.*