



## APPLICATION FOR MEMBERSHIP DENTAL STUDENT

Office Use Only

ADAVB Member No.  . ADAVB Classification  Guild Category

### Section 1 – Declaration by Applicant

I, ..... hereby apply to become a member of the Australian Dental Association Victorian Branch Inc. (ADAVB). If elected to be a member of the Association, I agree to be bound by the Constitution, Rules and By-Laws\* made by the Association or the Council. I undertake at all times to uphold the professional and ethical obligations of membership. I also understand that election to membership also includes mandatory membership to the Australian Dental Association Inc. (Federal), by virtue of requirements under the Constitution, Rules and By-Laws\* of the ADAVB. I hereby state that all information supplied is true and correct. I am aware that any omission or false declaration in this application may lead to Council declaring my membership denied or annulled.

Signature  Date

\* A copy of the Constitution, Rules and By-Laws of the ADAVB may be perused at the ADAVB office.

### Section 2 -Nomination of Applicant

This section will be completed by Executive Committee members.

**Proposer**

**Secunder**

Office held: Vice President

Office held: Honorary Secretary

Name

Name

Signature

Signature

Date

Date

### Section 3 -Personal Details

Title

Preferred mailing address

First Name

Surname

Phone (home)

Town/Suburb  Postcode

Phone (mobile)

Email\*

Home address  *Same as mailing*

Date of birth

Place of birth

Gender  Male  Female

Town/Suburb  Postcode

\* If you wish to unsubscribe from our Alert services, opt out facilities are available

### Section 4 –Qualifications

Dental School Attending  Year Commenced

Student Year  1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year  4<sup>th</sup> Year  5<sup>th</sup> Year

Are you on a Student Visa?  Yes  No

## Section 5 – Insurance Details

ADAVB Student Membership includes FREE Student Liabilities Insurance from Guild Student Insurance.

Please answer the following questions:

Have you had a criminal conviction?  Yes  No

Have you ever had a finding of professional misconduct, unprofessional conduct or unsatisfactory professional performance made against you?  Yes  No

Has any claim ever been made or negligence alleged, or circumstances been notified to You, or any insurer, which may give rise to a claim in relation to or arising out of a dental practice?  Yes  No

To Your knowledge, is there now any claim or circumstance that may give rise to a claim against You?  Yes  No

Has any insurance company in connection with Public Liability, Products Liability, or Professional Indemnity insurance of You:

- Declined to accept a proposal, or cancelled or declined to renew a Policy?  Yes  No
- Imposed special conditions or excesses?  Yes  No
- Refused to meet or denied a claim submitted?  Yes  No

If 'Yes to any of the above questions, please provide details below:

Date of incident  Date you were first aware of incident   
Description of incident   
Details of third party  Supervisor present  Yes  No  
Cost of this incident

## Section 6 – Payment Details

**APPLICATIONS BY DENTAL STUDENTS ARE ACCEPTED AT NO COST. SUBSCRIPTION COSTS ARE SUBSIDISED BY THE FULL MEMBERS OF THE ASSOCIATION.**

Please note that "student" membership will be maintained while you are a current student in a Victorian Dental School. Please advise us immediately if this does not apply.

## Section 7 – Privacy

The Australian Dental Association Victorian Branch Inc. (ADAVB) maintains a database of names, addresses and other information relevant to the participation of members and their staff in the GIL Insurance scheme, as the ADAVB is a Corporate Authorised Representative of Guild Insurance Ltd. This data is accessed by ADA staff to mail information and it is made available to GIL for their administrative purposes. You may request, at any time, a copy of personal information held by the Branch.

Please Return to: ADAVB, PO Box 9015, South Yarra Vic 3141  
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Phone: 03 8825 4600 Fax: 03 8825 4644  
ask@adavb.org www.adavb.net

