



# Postgraduate School of Dentistry

## Enrolment Form

### 1. Course information for review

Please ensure you have reviewed and understood the information provided about the course you have chosen.

In addition, please ensure you are confident with the choice you have made and that you have checked the course entry requirements. Please do not hesitate to contact our Student Centre to discuss your options, we can be contacted on ph: **02 9362 5620** or **info@pgdentalschool.edu.au**

### 2. Becoming a Student: your Rights and Obligations

Please read our Student Handbook on the Postgraduate School of Dentistry website (<http://pgdentalschool.edu.au>) to gain an understanding of your Rights and Obligations as a student of The Postgraduate School of Dentistry.

### 3. Unique Student Identifier

From January 2015 it is compulsory for all students enrolling in nationally recognised training at any College or University to obtain a Unique Student Identifier (USI). This number will be your own personal student number which can be used across all educational institutions.

If you do not already have a USI, you will need to create one prior to enrolment at the Postgraduate School of Dentistry. Please create a USI by visiting <http://www.usi.gov.au>

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### 4. Enrolment

Please fill in your details below to begin the enrolment process.

COURSE NAME

CLASS NAME

STUDY REASON

#### Contact Details

TITLE

FULL NAME

ORGANISATION

POSITION

BIRTHDAY (DD/MM/YYYY)

EMAIL

PHONE NUMBER

Work

Home

Mobile

Fax

#### Address Information



# Postgraduate School of Dentistry

## Primary Residential Address

ADDRESS

CITY / SUBURB

STATE

POSTCODE

PO BOX

COUNTRY

## Primary Postal Address (if different from residential address)

ADDRESS

CITY / SUBURB

STATE

POSTCODE

PO BOX

COUNTRY

## Personal Details

GENDER

Male  Female

COUNTRY OF BIRTH

CITY OF BIRTH

COUNTRY OF CITIZENSHIP

AUSTRALIAN CITIZENSHIP STATUS(type of visa if applicable)

ABORIGINAL OR TORRES STRAIT ISLANDER

No  Aboriginal  Torres Strait Islander

PRIMARY LANGUAGE SPOKEN

PROFICIENCY IN SPOKEN ENGLISH (Very Well - Not at all)

ENGLISH ASSISTANCE REQUIRED?  Yes  No

HIGHEST COMPLETED SCHOOL LEVEL YEAR COMPLETED

DISABILITIES

Yes  No  Not Specified

If yes, please specify

Hearing/Deaf  Physical  Intellectual  Learning  Mental illness  Acquired brain injury  Vision  Medical condition

Others If other, please specify

## Personal Details continued...

PRIOR EDUCATION

Yes  No  Not Specified



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If Yes, please select all that apply:

<input type="checkbox"/> Bachelor Degree or Higher Degree Level	<b>Recognition ID:</b> <input type="radio"/> A - Australian Qualification <input type="radio"/> E - Australian Equivalent <input type="radio"/> I - International
<input type="checkbox"/> Advanced Diploma or Associate Degree Level	<b>Recognition ID:</b> <input type="radio"/> A - Australian Qualification <input type="radio"/> E - Australian Equivalent <input type="radio"/> I - International
<input type="checkbox"/> Diploma Level	<b>Recognition ID:</b> <input type="radio"/> A - Australian Qualification <input type="radio"/> E - Australian Equivalent <input type="radio"/> I - International
<input type="checkbox"/> Certificate IV	<b>Recognition ID:</b> <input type="radio"/> A - Australian Qualification <input type="radio"/> E - Australian Equivalent <input type="radio"/> I - International
<input type="checkbox"/> Certificate III	<b>Recognition ID:</b> <input type="radio"/> A - Australian Qualification <input type="radio"/> E - Australian Equivalent <input type="radio"/> I - International
<input type="checkbox"/> Certificate II	<b>Recognition ID:</b> <input type="radio"/> A - Australian Qualification <input type="radio"/> E - Australian Equivalent <input type="radio"/> I - International
<input type="checkbox"/> Certificate I	<b>Recognition ID:</b> <input type="radio"/> A - Australian Qualification <input type="radio"/> E - Australian Equivalent <input type="radio"/> I - International
<input type="checkbox"/> Miscellaneous Education	<b>Recognition ID:</b> <input type="radio"/> A - Australian Qualification <input type="radio"/> E - Australian Equivalent <input type="radio"/> I - International

Please send any supporting documents that provide proof of your prior education to [admin@pgdentalschool.edu.au](mailto:admin@pgdentalschool.edu.au)

### Unique Student Identifier

PLEASE ENTER YOUR UNIQUE STUDENT IDENTIFIER USI eg. the USI is made up of 10 digits (a combination of numbers and letters)

From January 2015 it is compulsory for all students enrolling in nationally recognised training at any College or University to obtain a Unique Student Identifier (USI). This number will be your own personal student number which can be used across all educational institutions.

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### Emergency Contact Information

CONTACT NAME

RELATIONSHIP

CONTACT PHONE NUMBER

### Current Relevant Skills and Knowledge

Do you believe that you have some skills and/or knowledge relevant to the course you are enrolling in that you have gained through any form of learning e.g. qualifications, in house professional development, work-related activities, volunteer work, etc.

Yes  No

If yes, would you like to be assessed to determine if you are eligible for recognition of that learning towards the course?

Yes  No

If yes, provide brief details about those skills and/or knowledge and an assessor will contact you to discuss your circumstances and the recognition process and/or any impact on your studies:

Skills/Knowledge:

How were they obtained:



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When were they obtained:

### Disability

Do you believe you require learning support to successfully participate in training? If unsure, we will contact you to discuss and identify the learning support or adaptive technology you need.

Yes  No  Unsure

### Photo Identification

Please submit a photocopy or scan of your photo ID along with this enrolment form. This can be either a Driver's licence, Australian Passport, Overseas Passport or Proof of Age card.

Your photo will be retained on file and may be used to authenticate assessment evidence. For example, if assessments require you to submit photos or video of you carrying out certain tasks or procedures, your assessor will compare your photo to the person appearing in the photos or videos to confirm the evidence presented for assessment is your own work. This is the only reason for requesting you to provide a photo of yourself.

I declare this to be a recent photo of myself

NAME

DATE

### Payment

#### PAYING FUNDS BY ELECTRONIC TRANSFER

Postgraduate School of Dentistry  
16 Transvaal Avenue, Double Bay, NSW 2028  
BSB: 083-088  
Acct No: 39-192-7531  
National Australia Bank  
120 Spencer Street, Melbourne, VIC 3000  
SWIFT: NATAAU3303M

\*please email a copy of the remittance to [admin@pgdentalschool.edu.au](mailto:admin@pgdentalschool.edu.au)

#### PAYING BY CHEQUE

Please make payable to Postgraduate School of Dentistry and post to:

Attn: The Administration Office  
Postgraduate School of Dentistry  
PO Box 664  
Double Bay NSW 1360

\*please allow 3-5 days clearance of your cheque before expecting to receive your enrolment information.

I understand that information contained in this form may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on this form are correct.

I have accessed and understood information about the course in which I am enrolling at [www.pgdentalschool.edu.au](http://www.pgdentalschool.edu.au).

I have accessed the Student Handbook at [www.pgdentalschool.edu.au](http://www.pgdentalschool.edu.au) and acknowledge that I have read and understood its content, including my rights and obligations.

I have accessed information about the fees applicable to this course at [www.pgdentalschool.edu.au](http://www.pgdentalschool.edu.au) and understand my payment obligations.

### 5. Signature

DATE (DD/MM/YYYY)

### 6. Submit

Please send this completed form, along with proof of payment, photo ID and any other supporting documents to [admin@pgdentalschool.edu.au](mailto:admin@pgdentalschool.edu.au)