

APPLICATION FORM

for the

Certificate III in Dental Assisting Course 2008

Please post or fax to: **The Course Co-ordinator NSW Dental Assistants' Association**
C/- 497 Mowbray Road, Lane Cove NSW 2066
(02) 9427 6162

Credit card transactions may be faxed to 9427 6162

Surname _____ Given Names _____

Date of Birth _____ Length of Experience as a D.A. _____

Home Address _____ Post Code _____

Telephone No. (Home): _____ Fax: _____ Mobile: _____

Email: _____

Employer's Name _____

Work Address _____ Post Code _____

Telephone No. (Work): _____ Fax: _____

Other qualifications and relevant experience for which exemption may be given : _____

Signature _____ Date _____

Enclosed cheque or money order for \$ _____

Please make cheque payable to NSW Dental Assistants' (Professional) Association

OR Please charge my MASTERCARD [] VISA CARD []

CARD NUMBER: Expiry date: ___/___

Cardholder's name (please print): _____

Paying deposit of \$1,200.00 OR full fee of \$2,500.00 (please circle)

Receipt to be made out to: _____

Please note: In the event that an applicant is unsuccessful in gaining a place in the course the deposit will be refunded in full.

In case of discontinuation after the starting date refunds can only be given within three weeks of the commencement of the course. An administration fee of \$60 will be deducted for expenses already incurred.

The Manual of Dental Assisting (included in registration fee) may be purchased separately for \$97.00 plus postage & handling

Commencement date for 2008 Course Wednesday, 13th February, 9.15am