Faculty of Health Science & Community Studies  
Department of Health Science & Biotechnology  
Chadstone Campus

APPLICATION FORM

Diploma of Dental Technology  
Course Code: HLT50512

SECTION 1  General information (please print)

Title
Surname/Family name
First given name  Second given name
Email address
(Please circle)

F = Female  M = Male
Date of Birth  Are you an Australian CITIZEN?  If NO, are you a permanent resident?
Day  Month  Year  Yes  No  Yes  No

SECTION 2  Address for correspondence  (address at which you can be contacted during December-January)

Number and Street
Suburb or Town
State or Country
Postcode  Home Telephone No.  Mobile Telephone No.

SECTION 3  Education and Training

(Please circle)

Are you completing VCE this year?  Yes  No
What is your highest level of education?  
Year achieved:  
Any other relevant training (please include a copy of your results with your application):  

Holmesglen. CH:LM  15-Aug-2013  D:\HHCS\AD\HHCS LOCAL DOCUMENTATION\LIVE\HHCS Forms\DentalDipTechnologyApplicationForm2013V1.doc
SECTION 4 Employment / Work / Voluntary Experience

Provide evidence of any employment, work experience and activities, paid or voluntary, which may support your application.

In the spaces below provide details. (Attach additional pages if necessary)

<table>
<thead>
<tr>
<th>Type of Work / Activities</th>
<th>Duration</th>
<th>Full-time / Part-time</th>
<th>Employer Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 5 Written Task

You are required to provide, on a separate piece of paper, a brief essay of no more than 250 words addressing the following topic:

“Why I have chosen this course and how it will help me in my future career”.

SECTION 6 Checklist

Please ensure that you have:

☐ completed all sections of this application form; and
☐ attached your resume; and
☐ attached all relevant supporting documentation.

Should you be required for an interview, you will be contacted by telephone or mail.

Applicant Signature: _____________________________________________  Date: _______________________

Please return this application form to: Chrissie Hudson
Coordinator, Dental Technology
Health Science & Biotechnology
Holmesglen
PO Box 42
HOLMESGLEN VIC 3148
☎ 9564 1920