



# Dental and Oral Health Therapist Association Qld Inc.

## Membership Application for Student Members Graduating in 2009 transitioning to Full Membership

### 1. Personal Details

Title: \_\_\_\_\_ Gender:  Male  Female Membership No: \_\_\_\_\_ Year first joined: \_\_\_\_\_

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Former Surname (if applicable): \_\_\_\_\_ Date of Birth / /

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Queensland Postcode: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

**N.B.** Preferred email for notices etc: \_\_\_\_\_

Are you currently registered with the Dental Board:  No  Yes

Name of your Professional Indemnity Insurance: \_\_\_\_\_

### 2. Business / Employment Details

This section only relates to work you may have in the dental and oral health industry

Public Sector  Private Sector  Education Sector  Other: .....  
\_\_\_\_ Hours/week \_\_\_\_ Hours/week \_\_\_\_ Hours/week ..... Hours/week

\*Business / Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Queensland Postcode: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Hours of work per week: \_\_\_\_\_ \*If you have more than one place of employment, please attach relevant details

### 3. Qualification History

Bachelor of Oral Health, University of Queensland  Bachelor Oral Health Therapy, Griffith University

Initial year of course: \_\_\_\_\_ Completed degree in 2009: (please tick)

I declare I have been a bona fide student member enrolled in an accredited course and met the criteria for student membership completing my degree in 2009.

SIGNED: \_\_\_\_\_ Date: / /

