



## Registration as a dental auxiliary: Guide and application form (Form D401) Section 133A of the *Dental Practitioners Registration Act 2001*

### General information

#### Use this form if ...

- You hold one of the qualifications specified under section 2 of the Guidelines

#### DO NOT use this form if ...

- You are already registered in any Australian or New Zealand jurisdiction (use the Mutual Recognition application form); or
- You DO NOT hold one of the qualifications specified under section 2 of the Guidelines (use the Special Purpose application form for limited forms of registration)

#### How must documents be certified?

All documents supplied in support of this application must be certified. You must:

- Photocopy the original document.
- Take the original and the photocopy to a Solicitor, Justice of the Peace, Commissioner for Declarations or a Notary Public.
- On the photocopy, the official must initial EVERY PAGE and ON THE FINAL PAGE:
  - print their name, date of certification, and a contact phone number
  - make the following statement: *"I have sighted the original document and certify this to be a true copy of the original."*
  - affix the official stamp or seal of the certifier's organization (where available)

Photocopies and faxes of certified copies are not acceptable.

For more information, refer to the Board's policy *Witnessing and certifying documents*.



#### What are the translation rules?

If material provided in support of an application is not in English, it must be accompanied by an original English translation that complies with the following:

- Translations undertaken in Australia must indicate the translator's NAATI accreditation number, if relevant (see [www.naati.com.au](http://www.naati.com.au)).
- For documents translated in a country outside Australia, the translator must be approved by the authorities in the country where the translation is made.
- Translations by persons *familiar* with the language of origin are **NOT** acceptable
- Translations must be from an original or certified photocopy of the document which must be clearly legible
- The translator must include an original signed statement indicating that the translation is accurate and the translator belongs to the certified organization. The statement must include the translator's identification number or seal, printed name, address, and telephone number.

For more information, refer to the Board's policy *Translation of documents*.

#### What is published on the Public Register?

Should your application for registration be successful, the Board will enter required data on its public register (see the Board's website).



#### Registration and its renewal

- General registration is only granted until 30 June.
- Renewal notices are sent by the Board by 1 May each year.
- If they intend to continue to practise, registrants have an obligation to renew before 30 June each year, even if they do not receive a notice from the Board.

#### Timeframes for application

- The Board makes decision on registration at its meeting. To ensure your application is considered by the Board, you must allow adequate time for processing and assessment of your application. Please submit a complete application at **least 3 weeks** before a Board meeting.
- If the application is incomplete, it will not be considered by the Board, and you will be asked to supply the missing information prior to further processing. (See policy *Incomplete applications*).
- If your application is successful, your details will be entered in the public register within 3 working days of the Board meeting (see meeting schedule at the Board's website).
- Written notification and relevant documentation will follow in the post.

#### NOTE:

**You cannot practise as a dental auxiliary until you are registered.**

#### Where to send the form and payment:

By mail:	GPO Box 2438 Brisbane QLD 4001
In person at the Board's office:	8th Floor, Forestry House 160 Mary St Brisbane QLD 4000
Counter hours:	9am - 4pm Mon to Fri

#### For further information:

Telephone: +61 7 3234 0011  
Email: [dental@healthregboards.qld.gov.au](mailto:dental@healthregboards.qld.gov.au)  
Internet and privacy statement:  
[www.dentalboard.qld.gov.au](http://www.dentalboard.qld.gov.au)

#### LEGEND



Documents **MUST**  
be attached



Website  
reference



Documents **MUST**  
be mailed from  
another source

# Guidelines for Section 1 Personal details and identification

## Identity documents

Your eligibility for registration will not be assessed until AFTER proof of identity has been received.

You must attach to your application:

A certified copy of ONE of the following documents:

- Passport
- Birth Certificate/Birth Card (NSW) (original or extract)
- Citizenship certificate



PLUS

A certified copy of ONE of the following documents:

- Licence or permit issued under a law of the Commonwealth, State or Territory
- Identification Card issued to a public employee
- Identification Card issued by Commonwealth, State or Territory as evidence of a persons entitlement to a financial benefit
- Student ID Card issued from Australian tertiary education institution
- International English Language Testing System Test Report Form (IELTS–TRF) — Original document must be provided (only forms with photograph will be accepted).

OR

Certified copies of TWO of the following documents:

- International Drivers Licence
- Medicare Card/Public Utilities Accounts/Rates Notice
- Financial Institution Credit Card/Cash card or Passbook
- Verification of Registration Status document from an immediate previous regulatory authority *only if received directly from that regulatory authority in accordance with Verification of Registration Status National policy*
- Evidence of current registration from overseas regulatory authority.

The documents provided must meet the following criteria:

- ALL documents must be true certified or notarised copies of the original
- At least ONE document must include a recent photograph.
- At least ONE document must be in the applicant's current name.
- ALL documents must be officially translated in English.
- ALL documents must be current/valid at the date of submission.

The Board's policy *Proof of identity* is available at the Board's website.



## Change of name

You must provide all names by which you are currently, or have ever been, known. **You must attach to your application a certified copy of evidence of the name change if:**

- *you have ever been formally known by another name(s), or;*
- *any of the documentation you are providing in support of your application is in another name(s)*

Evidence could include a marriage certificate, decree nisi, deed poll, or Statutory Declaration (which must explain the reason for the discrepancy).



Registrants must advise the Board of any name change within 21 days.

## English language

The Board must consider an applicants' command of the English Language to determine fitness to practise in accordance with section 45 of the Registration Act. **On 1 October 2009 the Board will introduce an *English language proficiency policy*.** A copy of this policy is available at the Board's website. All applications received *after* the introduction of the policy, must include either:

- evidence of competency in both oral and written communication in English, as demonstrated by having completed an English language examination to the Board's required standard.
- an application to the Board for an exemption, including documentation confirming eligibility for an exemption.

# Section 1 Personal details and identification

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## Personal details

Title

Mr  Mrs  Ms  Miss  Dr

Other  (specify) \_\_\_\_\_

Family name

Given name(s)

Previous family names (if applicable)




Previous given names (if applicable)




Gender

Male  Female

## Birth details

Date of birth (dd/mm/yyyy)

Place/city of birth

Country of birth

Do you have a reasonable command of the English Language?

No  Yes

# Guidelines for Section **1** Personal details and identification

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## Contact details

Registrants must advise the Board of any change of address within 21 days.

### Postal address

The Board will not publish your *residential* address to the public access register without your agreement.

### Email address

Your email address will only be used for official correspondence, such as renewal reminders.

# Section 1 Personal details and identification

## Contact details

Postal address


Is this your residential address?    Yes     No

If yes, do you agree to the Board publishing your address to the public register?    Yes     No

## Phone numbers

Business hours

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After hours

--

Mobile

--

Email address

--

Office use only
Authorising officer
Date
100 pts of I.D. Yes <input type="radio"/> No <input type="radio"/>
Proof of name change Yes <input type="radio"/> No <input type="radio"/> N/a <input type="radio"/>
English language Yes <input type="radio"/> No <input type="radio"/> N/a <input type="radio"/>

## Guidelines for Section **2** Qualification for the profession

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In accordance with section 133C of the *Dental Practitioners Registration Act 2001* (Registration Act), to be eligible for General Registration in Queensland you must either:

- (a) have a qualification prescribed under Schedule 2A (Parts 1 and 2) and Schedule 2B (Parts 1 and 2) of the *Dental Practitioners Registration Regulation 2001*; or
- (b) a qualification that is substantially equivalent to, or based on similar competencies to that required for, a current Australian or New Zealand qualification; or
- (c) passed a qualifying examination in the profession set by or for, or recognised by, the board.

You must attach to the application, a certified copy of the academic qualification (degree, diploma, certificate) that you nominate in the application.



Registrants must advise the Board of any cancellation of qualification within 21 days.

# Section 2 Qualification for the profession

For which profession are you seeking registration?

Dental therapist

Dental hygienist

Details of the qualification you are relying on for this application

### Qualification 1

Name of qualification



Name of institution (University/College/Examining body)


Completion date (month and year)

Length of program

### Qualification 2

Name of qualification


Name of institution (University/College/Examining body)


Completion date (month and year)

Length of program

### Qualification 3

Name of qualification


Name of institution (University/College/Examining body)


Completion date (month and year)

Length of program

Office use only
Authorising officer
Date
Proof of qual Yes <input type="radio"/> No <input type="radio"/>
Qualification older than 3 years Yes <input type="radio"/> No <input type="radio"/>

# Guidelines for Section **3** Current and previous registrations

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## Current and previous registrations

The Board requires a Certificate of Registration Status or Certificate of Good Standing (Certificate) from **every** jurisdiction in which you are currently, or have previously been registered as a health practitioner (includes overseas registration) during **the last 5 years**.

You must arrange for **original Certificates** to be forwarded **DIRECTLY** from the licensing or registration authority to the Board.



Certificates must include the following:

- The full name of the health practitioner
- The date the practitioner was first issued registration in that jurisdiction
- Categories or types of registration held (e.g. General, Probationary)
- The date that the registration expired/lapsed (if relevant)
- The current registration status (i.e. details of any conditions or undertakings that apply to the practitioner's registration in that jurisdiction)
- The name of the issuing authority (i.e. the jurisdiction(s) of registration)
- Details of any preliminary disciplinary actions or investigations — current or proposed
- Details of any conditions or undertakings that apply to the practitioner's registration
- Any other information recorded on the register relevant to the Board's determination to grant registration (i.e. the practitioner's qualifications).

A Certificate is valid for 3 months from the date of issue and must be valid at the time of application (i.e. the date the Board receives the application).

If the Board receives verification documents that do not meet above requirements, the processing of applications will be delayed and the obligation will be on the applicant to follow-up with the issuing regulatory authority.

If a Certificate is in a different language, the Board will seek translation and **the application will not be complete**, and therefore will not be processed, until this translation has been provided to the Board.

A Board's policy on *Certificates of Registration Status* is available at the Board's website.



## Practice in jurisdictions where registration not required

*If you have ever practised in a jurisdiction where registration was not required, you must attach to your application **at least two references** from each of those jurisdictions in which you have practised in the last 5 years.*



**At least one** of the persons from each jurisdiction should be a health practitioner in the profession with recent professional experience, and must be able to state in the reference that they have **3 or more years experience** in the profession.

The reference should be provided on the form at **Appendix A**.

The date of the reference must not be more than 3 months prior to the date the Board receives the application.

A Board's policy on *Reference requirements* is available at the Board's website.



# Section 3 Current and previous registrations

## Current registrations

List all jurisdictions in which you hold current registration as a health practitioner

State/Territory/ Country	Category of registration	Profession	Date registration from



## Previous registrations

List all jurisdictions in which you previously held registration as a health practitioner

State/Territory/ Country	Category of registration	Profession	Period of registration (from and to)



## Practice in jurisdictions where registration not required

List the jurisdictions in which you practiced but were not required to hold registration

State/Territory/ Country	Profession	Period of practice (from and to)



Office use only	
Authorising officer	
Date	
CORS for every juris.	Yes <input type="radio"/> No <input type="radio"/> N/a <input type="radio"/>
Reference for every juris.	Yes <input type="radio"/> No <input type="radio"/> N/a <input type="radio"/>

## Guidelines for Section **4** Nature and extent of experience

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Depending upon the nature, extent and period of your relevant experience since qualifying as a dental auxiliary, the Board will consider and decide whether to grant registration, impose conditions on registration, or to refuse registration.

*If the qualification you are relying on for this application was awarded or conferred more than 3 years ago, you must complete and attach to your application [a Curriculum Vitae \(CV\) in the format specified by the Board](#) (available at **Appendix B**). The standard format is to enable the Board to assess your CV, and to increase the speed and quality of assessment.*



In your CV you must:

- when detailing your work history, indicate if it was full-time or part-time, and specify the nature of any practice (e.g. clinical, continuing education, research, study, teaching or administration).
- explain any gaps in your work history
- include a signed and dated statement that: "The Curriculum Vitae is true and correct as at (insert date)".

**Please note: The Board will only accept the original signed CV.**

# Section 4 Nature and extent of experience

## Recency of practice

Was the qualification you are relying on for this application awarded or conferred more than 3 years ago?

No

Yes



## Current or immediate past employer

Name of employer

Nature of employment

Title of position held

Last date of employment

Office use only
Authorising officer
Date
Summary of experience Yes <input type="radio"/> No <input type="radio"/> N/a <input type="radio"/>
Practised unregistered in Queensland Yes <input type="radio"/> No <input type="radio"/>
Meet recency of practice Yes <input type="radio"/> No <input type="radio"/>

# Guidelines for Section 5 Fitness to Practise

The Board must be satisfied that you are suitable to practise the profession. The fitness to practise factors that the Board will consider are set out under section 45 of the Registration Act.

You are required to answer the questions under Section 5 truthfully. *If you answer 'yes' to any question under section 5 (other than the 'Blood borne viruses' question — see below), you must attach to your application a full explanation (on a separate sheet) of the circumstances and detail any condition or current disciplinary or other orders to which you are subject.*



## Blood borne Viruses

You must be in a position to answer "Yes" to the questions relating to blood borne viruses by having been tested for blood borne viruses in the last 12 months. The Board considers it is the responsibility of individual dental practitioners to be aware of their infection status for HIV, Hepatitis B and Hepatitis C and testing should be undertaken prior to commencement of work requiring the performance of exposure prone procedures and repeat testing at least once every 12 months.

The Board's Policy #9, *Dental Practitioners and Blood Borne Viruses* can be found on the Board's website.

## 'Health practitioner'

The use of the term 'Health practitioner' in this document includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing.

## Criminal history

### What is a Criminal History?

Criminal History means any charge or conviction for an offence, in Australia or anywhere else. The *Criminal Law (Rehabilitation of Offenders) Act 1986* does not apply, so you must disclose all history no matter how long ago it happened (see policy *Criminal History Checking: Applicant policy*).

Criminal History *does not* include minor traffic offences, e.g. parking, speeding, red light, mobile phone.

The existence of a Criminal History does not lead to automatic refusal of registration. Each case will be assessed on its merits using the information provided to, and gathered by, the Board.

If you have a criminal history from ...

- **Any jurisdiction (Australia or overseas)**  
You must attach to your application **a full explanation (on a separate sheet) of the circumstances and detail of your criminal history**. This should include any documents or correspondence you received from the courts or law enforcement authorities relating to the charge(s) and / or conviction(s). This will be used in conjunction with an official Police Certificate to assess your case.
- **Any other country**  
You must ALSO attach to your application **a Police Certificate from the law enforcement authority of the relevant jurisdiction** (see policy *Criminal History Checking: Applicant policy*).



Your criminal history will be verified with Australian police authorities. This may cause a delay in the processing of your application (see policy *Criminal History Checking: Applicant policy*)

# Section 5 Fitness to practise

## Disclosures

### Health matters

Do you suffer from any ongoing medical – mental or physical – condition (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, adversely affects your ability to competently and safely practise the profession?

No  Yes



if any answer is 'Yes' (with exception of blood borne virus questions)

### Blood borne viruses

Have you been tested for blood borne viruses in the last 12 months?

No  Yes

Are you willing to comply with the Board's policy #9 *Dental Practitioners and Blood Borne Viruses*?

No  Yes

### Previous registrations

Have you been registered under the *Dental Practitioners Registration Act 2001* or the *Dental Act 1971* (repealed) or have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or another country, **AND** the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way?

No  Yes

Has your registration as a **health practitioner** ever been subject to conditions/undertakings, suspended or cancelled as a result of disciplinary action in any Australian State or Territory or in another country?

No  Yes

Have you ever been refused registration as a health practitioner in any Australian State (including Queensland) or Territory, or in another country?

No  Yes

### Professional conduct

Are you currently under investigation, or did you voluntarily surrender your registration during the course of an investigation or prior to disciplinary action, in any Australian State (including Queensland) or Territory, or in another country.

No  Yes

### Criminal history

Do you have any criminal history in Australia?

No  Yes

Do you have any criminal history in another country?

No  Yes

Office use only	
Authorising officer	
Date	
Explanation provided	Yes <input type="radio"/> No <input type="radio"/> N/a <input type="radio"/>

## Guidelines for Section **6** Declaration

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**NOTE:** The Board will prosecute, and seek the maximum monetary fines for, any person who makes statements, gives information, or submits documents to the Board that they know are false or misleading (under section 233 of the Registration Act).

You must complete this section of the application before the Board will consider your application.

This section gives your consent for the Board to make enquiries or, and exchange information with, authorities in Australian or overseas, regarding your practice as a health practitioner or otherwise regarding matters relevant to this application.

This includes, but is not limited to:

- other registering authorities
- examining bodies
- accrediting bodies
- education institutions
- employers
- Queensland Health
- Queensland Police Service and other law enforcement agencies to obtain information in relation to criminal histories.

### **'Health practitioner'**

The use of the term 'Health practitioner' in this document includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing.

# Section 6 Declaration

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I consent to the Dental Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian State or Territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I declare that the above statements are true and correct, and that I am the person named in the attached documents.

I also undertake to comply with all relevant legislation, codes of practice, and Board policies.

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name of witness

\_\_\_\_\_  
Signature of witness

Date: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

# Guidelines for Section 7 Payment details

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If you make your application:

- between 1 July and 31 December the fee is \$380
- between 1 January and 31 March the fee is \$254
- between 1 April and 30 June the fee is \$190.

Dependent on the date of registration, we will refund fees according to the Refund rules (below). To facilitate a quick refund, you should **complete the EFT payment details** on section 7 of the application form.

The fees DO NOT include a Goods and Services Tax (GST) component as they are GST exempt, and they are tax deductible.

The fees **only cover registration until 30 June**.

The Board accepts the following methods of payment:

- Visa
- Mastercard
- Cheque
- Money order.

#### NOTES:

- Cheques and money orders must be made payable to the Dental Board of Queensland.
- Payment in foreign currency or by direct bank transfer cannot be accepted.
- Cash may be used if presenting in person.

The applicant **must complete the credit card payment details, including the correct fee amount, on section 7 of the application form, OR attach to the application a cheque or money order, for the application to be processed.**



#### Refund rules

Fees comprise an application and registration fee. The non-refundable application fee component is \$127.

Refunds will be issued in the following circumstances:

- If *application made* between 1 July and 31 December, and *registered* between:
  - 1 July and 31 December you will not be entitled to a refund
  - 1 January and 31 March you will be issued a refund of \$126
  - 1 April and 30 June you will be issued a refund of \$190.
- If *application made* between 1 January and 31 March, and *registered* between:
  - 1 January and 31 March you will be not be entitled to a refund
  - 1 April and 30 June you will be issued a refund of \$64.
- If *application made* between 1 April and 30 June, and *registered*:
  - *between* 1 April and 30 June you will not be entitled to a refund
  - *after* 30 June, you will be required to pay an additional amount to cover the registration costs for a full registration year.
- Should your application for registration be refused, or you withdraw your application before it is decided, you are entitled to a refund of the pro-rata registration fee you paid.
- If you are granted registration but decide to surrender it within 3 months of it being granted, you are entitled to a proportional refund (comprising the pro-rata registration fee paid, less an amount equal to the prescribed fee for registration of not more than 3 months)

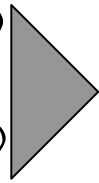
If you choose to surrender registration more than 3 months after it is granted, you are not entitled to any refund.

# Section 7 Payment details

Select payment method (tick one box only)

TAX INVOICE  
GST EXEMPT

Cheque



Make payable to Dental Board of Queensland.

Money order



Visa



For credit card payments to be accepted you must complete all sections under **Credit card payments** below.

Mastercard



## Credit card payments

Payment amount

\$

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Cardholder's name

Cardholder's signature

## Electronic Funds Transfer (EFT) payment details

To facilitate refunds (if required)

Account name

BSB number

Account number

**ATTACH CHEQUE OR  
MONEY ORDER HERE**

### FOR OFFICE USE ONLY

Registration number

Date processed

Receipt number

## Guidelines for Section **7** Payment details

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### Short-term fee waiver

The Registration Act (section 139AA) allows for dental auxiliaries to apply for short-term registration of up to 5 weeks, for which no application fee or registration fee will apply.

The Board must be satisfied that the applicant has a good reason for a period of registration of that length.

*If you only require registration for 5 weeks (35 days) or less, and wish to apply for a fee waiver, you must complete and attach the [application a Waiver of registration fees: Short-term registration form](#) (available at the Board's website).*



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### Privacy Statement

The Dental Board of Queensland respects your privacy. The Board is collecting the information on this form in order to register you as a dental auxiliary and carry out other functions relevant to the administration of the Registration Act. (Some sections of the form may not be specifically or generally mandated by the Act, but have been included in order to be able to confirm your identity and to expedite the processing of your application.)

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# Appendix **A** Reference

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I, \_\_\_\_\_ certify that:  
(name of referee)

- I have practised as a dental auxiliary/dentist for a period of \_\_\_\_\_ years  
(NB: Select the relevant profession. If not relevant indicate 0 years)
- I have known the applicant, \_\_\_\_\_  
(name of applicant)  
for a period of \_\_\_\_\_ years
- I have known the applicant in the capacity of their practice.
- I am not related to the applicant, and I do not have a vested interest in the applicant obtaining registration
- In my opinion the applicant is of good character and standing, and to the best of my knowledge, there is no reason why the applicant would not safely and competently practise the profession.

My details are:

Occupation

Address

Contact phone number

\_\_\_\_\_  
Signature of referee

\_\_\_\_\_  
Date

## Appendix **B** Standard format for Curriculum Vitae

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If you completed your qualification on which you are relying to obtain registration more than 3 years ago, you must attach to your application a Curriculum Vitae (CV) in the following format. (See section 4 of guidelines.)

### Personal information:

### Qualifications obtained:

List each qualification and indicate:

- Year conferred
- Institution
- Location (City, State, Country)

### Continuing professional development programs undertaken:

### Clinical/procedural skills:

List each skill and indicate whether competent or not yet competent

### Detailed work history (for all paid and unpaid work):

List each position and indicate:

- Dates
- Position title
- Nature of practice (e.g. clinical, continuing education, research, study, teaching or administration)
- Responsibilities (specify whether position undertaken in a full-time or part-time capacity)
- Facility
- Location (City State Country)

### Applicant statement:

The CV must contain a signed and dated statement by the applicant that:

"The Curriculum Vitae is true and correct as at (insert date)".