



Application STUDENT BDS MEMBERSHIP

Declaration

1. I hereby apply for membership of the Australian Dental Association, South Australian Branch Incorporated.
2. I agree to be bound by the Constitution and Code of Ethics. These documents are available on the ADASA website or can be provided to you on request from ADASA.
3. I undertake at all times to uphold the professional and ethical obligations of membership.
4. I understand that application for membership also includes mandatory membership to the Australian Dental Association Inc. (Federal) by virtue of requirements under the Constitution of the Australian Dental Association SA Branch Inc.
5. I further understand that I must notify the Australian Dental Association SA Branch Inc. in writing of any change of status or details.
6. I declare that the information I have provided is true and correct.

Signature Date

Please answer all questions marked with *

Personal Details

Title		Sex	
*First Name		*Date of Birth	
Middle Name		Home Phone	
*Last Name		Mobile	
*Email			

HOME

Address			
Suburb	State		
Postcode	Country		

POSTAL (must be in South Australia)

*Address			
*Suburb	*State		
*Postcode	*Country		

Dental Qualification Information

When do you expect to graduate BDS?	*Graduating University		*Year of Graduation	
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Please provide proof that you are currently enrolled in a BDS course in any university in Australia

Address: 2/62 King William Road, Goodwood SA 5034 Phone: 08 8272 8111 - Postal: PO Box 858 Unley SA 5061
Email: membership@adasa.asn.au - Fax: 08 8272 4357 - Web: www.adasa.asn.au

Insurance Details

By becoming a BDS student member of your ADASA Branch you'll receive FREE student insurance from Guild Insurance. For more information visit: <https://www.guildinsurance.com.au/professional/dentists>

*Has any claim ever been made or negligence alleged, or circumstances been notified to you, or any insurer, which may give rise to a claim in relation to or arising out of a dental practice? Yes No

*To your knowledge, is there now any claim or circumstance that may give rise to a claim against you? Yes No

*Has any complaint or disciplinary proceeding or inquiry been made against you in relation to professional conduct? Yes No

Has any insurance company in connection with public liability, products liability, or professional indemnity insurance of you:

*Declined to accept a proposal, or cancelled or declined to renew a policy? Yes No

*Imposed special conditions or excesses Yes No

*Refused to meet or denied a claim submitted Yes No

If you answered yes to any of the above questions, please provide details below:

Date you were first aware of the incident

Date of incident

Description of incident

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Description of service/treatment provided

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Details of third party

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Was your supervisor present Yes No

Cost of this incident