

ADA SA Branch Amendment to profile



I wish to make the following change/s to my profile held at ADA SA, ADA Inc. and Guild, where appropriate.

Full Name:

ADA SA Membership No. or ADA Inc Membership No.

Personal Details			
First Name:		Preferred Name:	
Middle Names:		Last Name:	
Title: (e.g. Mr Dr Prof)		Suffix: (e.g. AO AM AC OAM)	
Home Phone:		Preferred Work Phone:	
Mobile:		Preferred Fax:	
Email:		Website:	
Partner's Name:		Languages Spoken:	

Personal Address Information	
Home Address:	
Preferred Mailing Address:	
Preferred Billing Address	

Personal Qualification Information

Additional Qualifications:	Conferring University/Body:	Year of Qualification:
ADA Awards Received:		

Membership/Registration Information

PI Provider e.g. Guild		PI Category:	
Federal ADA Category:		ADASA Branch Category:	
Dental Board Registration N ^o :		Which Dental Board Register Listings are you on:	

Other Information

Membership Honourship Organisations e.g. PFA, FADI:			
Membership Affiliate Societies e.g. DASI, ASE, ASP:			
Are you currently practicing:	YES / NO	If not, why not (please identify):	
Retired / Overseas / Maternity / Parenting Leave / Student / Postgraduate / Unemployed / Lecturing / Administration / Leave of Absence (please specify date of return)			
Employment Status (please identify):		Full Time / Part Time / Casual / Contracted	
Average Weekly Hours Worked (please identify):		16 hours or less / 16 – 24 hrs / 24 hours or more	
Do you employ staff:	YES / NO	How many years before you intend to leave the dentistry workforce?	
Do you wish to be included on the ADASA Emergency Roster?	YES / NO	If yes please provide emergency contact number:	
Do you perform General Anaesthetics:	YES / NO	With which hospitals are you accredited to perform GA's:	
Do you have any personal areas of special interest e.g. Hypnotherapy, Sedation, TMJ, Sleep Apnoea:			
University Tutor:	YES / NO	University Lecturer:	YES / NO
		University Mentor:	YES / NO
TAFE SA Tutor:	YES / NO	TAFE SA Lecturer:	YES / NO
Are you contracted to a Health Fund	YES / NO	If yes Please specify:	

PRACTICE INFORMATION		Is this your principle practice	YES / NO
Practice Name:			
Practice Address:			
Practice Phone:		Practice Fax:	
Practice Email:	Practice Website:		
Practice Type (please identify):	Private / SA Dental Service / Health Fund / Armed Forces / University / Other.....		
Employment Type (please identify):	Sole Owner / Partner / Associate / Government / Casual / Contracted / Employee / Locum / Other		
Practice Owner's Name:	Principle Dentist's Name:	Practice Manager's Name:	
Practice Focus if any (e.g. Orthodontics, Aged Care)		Practice Restricted Focus to (e.g. Paediatrics, Aged, Endodontics):	
Practice Hours Week Days	Practice Hours Evenings	Practice Hours Weekend	
Does your practice have Wheelchair Access:		YES / NO	
Does your practice participate in the following dental schemes (please tick):			
SADS General Dental Scheme (GDS)	<input type="checkbox"/>	SADS School Leaver Postcard	<input type="checkbox"/> Medicare 'Cleft Lip' Scheme
SADS Emergency Dental Scheme (EDS)	<input type="checkbox"/>	SADS Lift the Lip	<input type="checkbox"/> DVA
SADS Pensioner Dental Scheme (PDS)	<input type="checkbox"/>	'Give a Smile' Scheme	<input type="checkbox"/> Workcover
Does your practice provide the following services (please tick):			
Nursing Home Care	<input type="checkbox"/>	Palliative Care	<input type="checkbox"/> Home Visits
			<input type="checkbox"/> Supported Residential Facilities
No. Of Chairs in Practice	<input type="text"/>	Within current practice hrs how many extra patients could you treat/week	
Do you wish this practice to be busier than at present		YES / NO	If yes, No. Of dentist hrs/week
Does your practice utilise Service Trust		YES / NO	Does your practice have Pty Ltd Co attached
			YES / NO
No. Of dentist working at practice	<input type="text"/>	No. Of DA's/Nurses working at practice	<input type="text"/>
Total hours of dentists working at practice	<input type="text"/>	Total hours of DA's/Nurses working at practice	<input type="text"/>
No. Of technicians working at practice	<input type="text"/>	No. Of prosthetists working at practice	<input type="text"/>
Total hours of technicians working at practice	<input type="text"/>	Total hours of prosthetists working at practice	<input type="text"/>
No. Of hygienists working at practice	<input type="text"/>	No. Of office staff working at practice	<input type="text"/>
Total hours of hygienists working at practice	<input type="text"/>	Total hours of office staff working at practice	<input type="text"/>
No. Of therapists working at practice	<input type="text"/>	No. Of Therapists working at practice	<input type="text"/>
Total hours of therapists working at practice	<input type="text"/>	Total hours of Therapists working at practice	<input type="text"/>
Do any specialist visit this practice		YES / NO	Name of specialist
Specialist area	<input type="text"/>	Average hours worked/month	

Declaration

I agree to be bound by the constitution and Code of Ethics for the time being in force. These documents are available on the ADASA website or will be provided to you on request from ADASA on 08 8272 8111.

I undertake at all times to uphold the professional and ethical obligations of membership.

I further understand that I must notify the Australian Dental Association SA Branch Inc. in writing of any change of status (e.g. changing number of declared hours worked).

Have you currently or in the past had a statutory complaint upheld against you or have you had membership of this Association, or similar organisation, refused or terminated?	YES / NO
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Do you consent to ADA SA to provide practice details to prospective patients seeking treatment from you?	YES / NO
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I declare that the information I have provided is true and correct.

Signature:

Dated:

Please return this form to ADA SA:

Post: PO Box 858, Unley, SA 5061

Fax: 08 8272 4357 or Email: accountant@adasa.asn.au

If you require assistance or have any questions please call 08 8272 8111

FOR OFFICE USE ONLY

Changes completed by:

Date Received

Date changes made to iMIS

Date Federal Informed

Date Guild Informed