NZDA CERTIFICATE IN

DENTAL PRACTICE ADMINISTRATION 2027

Enrolment Form | Online Vocational Training Provided By NZDA

The New Zealand Dental Association Certificate in Dental Practice Administration develops practical, dental-specific knowledge and skills to support patients, clinicians and the day-to-day administration of a dental practice.

ENROLMENT AND COURSE REQUIREMENTS

To enrol, students must:

- be employed for a minimum of 20 hours per week in a dental practice by an NZDA member at the time of enrolment and for the duration of the course;
- have reliable access to a computer or suitable mobile device and the internet.
- complete 450 hours of practical work experience supervised by an NZDA member.

To successfully complete the course, students must:

- complete all eLearning and assessments within the prescribed timeframes; and
- by the end of the course, provide evidence of resuscitation training equivalent to New Zealand Resuscitation Council CORE Immediate - Adult and Child, completed no more than two years before the course end date.

***Note**: The NZDA Certificate in Dental Practice Administration is not NZQA accredited.*

COURSE AND FEE DETAILS

☐ I wish to enrol in the 2027 NZDA Certificate in Dental Practice Administration.

☐ Yes, I have completed and will return all three pages of this form.

Course structure and fees

- Foundation Pathway: $450 incl. GST
- Dental Practice Administration: $1,095 incl. GST
- **For a limited time this course is $999 as an introductory offer**
- Total if both pathways are required: $1,545 incl. GST

***Note:* The cost of resuscitation training is not included in the course fee.**

Recognition of prior learning: Students who have successfully completed the Foundation Pathway within the previous two years will not need to repeat it.

☐ I need to complete the Foundation Pathway.

☐ I completed the NZDA Foundation Pathway within the previous two years and am requesting recognition of prior learning. Year completed: _____

PRACTICE DETAILS

PRACTICE NAME: _____

PRACTICE STREET ADDRESS: _____

SUBURB / TOWN / CITY: _____ POSTCODE: _____

PRACTICE PHONE: _____ PRACTICE EMAIL: _____

PRACTICE ADMINISTRATION CONTACT

NAME: _____ ROLE: _____

EMAIL: _____

PHONE: _____

Email requirement: The administration contact must provide an individual email address personal to them. Do not use a shared or generic practice email address.

New Zealand Dental Assoc.

SUPERVISOR DETAILS

NAME OF SUPERVISING NZDA MEMBER: _____

NZDA MEMBER NO: _____

SUPERVISOR EMAIL: _____

Email requirement: The supervisor must provide an individual email address personal to them. Do not use a shared or generic practice email address.

SUPERVISOR PHONE: _____

Supervisor statement:

I agree to support the student's workplace learning and provide appropriate supervision during the course.

SUPERVISOR SIGNATURE: _____ DATE: ____ / ____ / _____

PAYMENT DETAILS

☐ MASTERCARD

☐ VISA

Credit card payments will incur a 2.1% surcharge.

CARD NUMBER: _____

EXPIRY DATE: _____

NAME ON CARD: _____

SIGNATURE: _____

☐ BANK TRANSFER - please contact me with payment instructions.

Who is paying for this course?

☐ Student

☐ Practice / employer

☐ Other: _____

TERMS AND CONDITIONS

PRIVACY

The New Zealand Dental Association (NZDA) collects and stores information from this form to administer the course, manage internal administrative processes and undertake internal reporting. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records. When required by law, NZDA may release information to government agencies. NZDA may disclose relevant information about a student's progress to the student's supervisor and/or the person or entity responsible for funding the student's participation in the course. In signing this enrolment form, you authorise such disclosures on the understanding that NZDA will observe the Privacy Act 2020. You may request access to, or correction of, personal information held about you by contacting education@nzda.org.nz or +64 9 579 8001.

FEES AND REFUNDS

Fees: By signing this declaration, I acknowledge that the full course fee is payable at the time of enrolment and that payment details must be submitted with the enrolment form.

Refunds: If notification of cancellation is received before the course commences or within eight (8) days of the course start date, the course fee will be refunded less a 10% administration charge. Any refund is at the discretion of NZDA. If notification of cancellation is received more than eight (8) days after course commencement, there will be no refund. No refund will be made if a student withdraws from the course after the cancellation period or fails to meet the course requirements. Fees cannot be transferred to another student or another course year/intake.

FUNDING AND ELIGIBILITY

Government funding: Student loans and other government funding programmes are not available for this NZDA vocational training course.

International students: International students are not eligible to enrol. All students must be considered domestic students by the Ministry of Education Te Tāhuhu o te Mātauranga (for further information on this please refer to the website: Definition of a domestic student in New Zealand - Ministry of Education)

RULES AND USE OF COURSE MATERIAL

In signing this enrolment form, you undertake:

- to comply with the published rules and policies of NZDA with regard to attendance, academic progress, health and safety, and behaviour;
- to use course material solely for your personal educational purpose; and not to distribute course material.

NOTIFICATION AND COURSE REQUIREMENTS

You must keep NZDA informed of your current contact details throughout the course. Failure to do so may result in your enrolment being terminated.

Course modules and assessments must be completed to the required standard and within the prescribed timeframes. In addition, students are required to provide evidence that they have completed appropriate resuscitation training in the 24 months preceding the course completion date. NZDA reserves the right to update course material, requirements and delivery and will communicate material changes to students. Extensions will be granted only in exceptional circumstances and generally no more than two extensions will be granted over the duration of the course. NZDA takes no responsibility for changes to a student's work commitments or personal circumstances. No refund will be given following course failure.

DECLARATION

I declare that, to the best of my knowledge, all information provided in or with this enrolment form is true and complete. I agree to the terms and conditions outlined in this form, including restrictions on the use and sharing of course materials and the disclosure of personal information. I understand my right to access and request correction of my personal information and agree to comply with NZDA's relevant policies and requirements.

STUDENT FULL NAME: _____

STUDENT SIGNATURE: _____ DATE: ____ / ____ / _____

STUDENT DETAILS

LAST NAME: _____ FIRST NAME/S: _____

DATE OF BIRTH: ____ / ____ / _____ MOBILE: _____

STUDENT EMAIL: _____

Email requirement: The student must provide an individual email address personal to them. Do not use a shared or generic practice email address.

EMERGENCY CONTACT DETAILS

NAME: _____ RELATIONSHIP: _____

PHONE: _____

Emergency contact should be New Zealand-based.

REQUEST FOR ADDITIONAL SUPPORT

Is there anything you would like NZDA to be aware of, including any health conditions, disabilities, learning needs or personal circumstances, that may be relevant to your learning experience?

_____

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Please ensure all pages of this form are completed before submission to NZDA.

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e: education@nzda.org.nz