

Change of Address

You are required by law to advise the Board within 14 days of any changes to your address

Instructions for completing this form The information on this form is being collected in accordance with the provisions of the *Health Professions Registration Act 2005* and associated Regulations to assist the Board in carrying out its statutory functions. See the Board's Privacy Policy, which is available on our website, for further details.

- Use BLOCK Letters and Black or Blue ink and ✓ appropriate boxes.
- **Post or fax the completed form to the Board**

Please note you can update your contact or practice address details online at any time. Go to the homepage of the Board's website at <http://www.dentprac.vic.gov.au> and follow the **Practitioner Login** link.

Section 1: Your details

Dentist Dental Prosthetist Dental Hygienist Dental Therapist

Endorsed as a Dental Specialist

Registration Number

Family Name:

Given Name(s):

Section 2: Type of address change

Tick the type of address you want changed

Practice Address Postal Address Both

Date from which change is applicable:/...../.....

Section 3: Practice address details

OLD ADDRESS

Address:

Suburb:

State:..... Postcode:

NEW ADDRESS

Each address where you provide dental care must be recorded on the Register. Please indicate if the new address is an additional practice address or is replacing the existing practice address

Add the following address to the practice address/es already listed
OR

Replace the existing practice address/es with the following address:

Address:

Suburb:

Change of Address

State: Postcode:

New phone number Fax number:

Email:

Web: :

Section 4: Postal address details

OLD ADDRESS

Address:

Suburb:

State: Postcode:

NEW ADDRESS

Address:

Suburb:

State: Postcode:

New phone number

Section 5: To be signed by practitioner

Signature:

Date:

Office Use Only

Recd:...../...../..... D/bUpdated:...../...../..... WebUpdated:...../...../.....

AckSent :...../...../.....