2022

NZDA CERTIFICATE IN

dental assisting

New Zealand Dental Assoc.

ONLINE DISTANCE LEARNING PROGRAMME PROVIDED BY NZDA

FEBRUARY - NOVEMBER 2022

The New Zealand Dental Association Certificate in Dental Assisting will provide you with the opportunity to develop the skills to competently and safely assist a dentist, dental therapist or dental hygienist during oral health care procedures. You will also gain the skills to assist with practice administration.

To enrol you MUST:

- Be a permanent resident of New Zealand at the time of enrolment
- Be employed for a minimum of 20 hours per week in a dental practice and be supervised by a dentist who is a NZDA member.

To successfully complete the course students MUST:

- Complete all the online units and successfully complete compulsory online assessments within the required timeframes
- Complete workplace assessment units
- Collate and maintain an evidence portfolio
- Have Life Support Skills to NZRC CORE Immediate or equivalent prior to completion of the course. This must be no more than two years old as at 31 October 2022.

Note: The NZDA Certificate in Dental Assisting course is no longer NZQA accredited.

REGISTRATIONS CLOSE 8 DECEMBER 2021

CERTIFICATE IN DENTAL ASSISTING REGISTRATION FORM

☐ Yes, I am a New Zealand Permanent Resident.
☐ Yes, I wish to enrol for the DA course at $1385 (inc. GST) per student. Note: the cost of attending a resuscitation course is NOT included.
☐ Yes, I have completed and will return all three pages of this form.

PRACTICE DETAILS

NAME OF STUDENT: .....

PRACTICE NAME: .....

PRACTICE STREET ADDRESS: .....

..... POSTCODE: .....

PRACTICE EMAIL: .....

DENTIST DETAILS

NAME OF SUPPORTING DENTIST: ..... NZDA MEMBER NO: .....

Dentist statement: I agree to assist with workplace training. I will provide the necessary workplace assessment required in order for the above student to complete this course.

DENTIST SIGNATURE: ..... DATE: .....

PAYMENT DETAILS: ☐ MASTERCARD ☐ VISA

CARD NUMBER: ..... EXPIRY DATE: .....

NAME ON CARD: ..... SIGNATURE: .....

WHO IS PAYING FOR THIS COURSE: ☐ STUDENT ☐ PRACTICE/EMPLOYER ☐ OTHER: PLEASE SPECIFY.....

information

PRIVACY

The New Zealand Dental Association (NZDA) collects and stores information from this form to allow the efficient administration of the course. The information is also used to manage internal administrative processes and for internal reporting. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records. In addition, when required by statute NZDA releases information to Government agencies such as the New Zealand Police, Department of Justice, Department of Work and Income, and the Accident Rehabilitation Compensation Corporation (ACC), and the NZ Immigration Service. NZDA reserves the right to disclose relevant information regarding your progress on this course with your supervising dentist and/or person/entity responsible for funding your participation on the course.

In signing this enrolment form you authorise such disclosure(s) on the understanding that the NZDA will observe the general conditions governing the release of information, as set out in the NZ Privacy Act 1993. You may see any information held about you and amend any errors in that information. To do so, please contact Caryn Lim at NZDA, telephone (09) 579 8001.

FEES

In signing this declaration, I understand that all fees are payable (in full) at the time of enrolment and that payment details are to be included with these forms.

REFUNDS

If notification of the cancellation of student enrolment is received prior to the course commencing or up to eight (8) days after the course has commenced, the course fees less a 10% administration charge will be refunded. If the course material has been sent to the student then this refund is dependent upon NZDA receiving the course material back in our office in an undamaged state.

Any refund provided would be at the discretion of NZDA.

If notification of the cancellation of student enrolment is received after eight days of the start of the course, there will be no refund of course fees. No refund will be made to a student who leaves the course (for any reason including failure to meet course requirements) before the course is completed. Fees cannot be transferred to another student.

FUNDING

Funding in the form of student loans or other government funding programmes (fees free) are not available for the NZDA Certificate of Dental Assisting.

INTERNATIONAL STUDENTS

International students cannot be accepted onto the course. All students must be considered domestic students by the Ministry of Education (for further information on this please refer to the Ministry website: http://www.minedu.govt.nz/NZEducation/EducationPolicies/InternationalEducation/ForProvidersOfInternationalEducation/DefinitionOfDomesticStudent.aspx).

RULES

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.

NOTIFICATION

In signing this enrolment you undertake to comply with the regulation to notify NZDA of your current contact details at all times, and you accept that failure to do so can result in your enrolment being terminated.

COURSE REQUIREMENTS

Each course module is a prerequisite for the subsequent module so you must complete each module to a satisfactory standard in order to progress on the course. You cannot progress on the course if you do not satisfactorily complete a module in which case you will be deemed to have failed to meet the requirements of the course and your enrolment on the course will be terminated. Self-assessments and Assessments must be completed in the prescribed timeframe. Extensions will only be granted 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 learners' work commitments or personal circumstances. No refunds will be given following course failure (see refund policy).

COURSE COMPLETION

The completed course material must reach your Regional Facilitator by the stipulated date. Failure to send your completed course material to your Facilitator by the due date will be considered a course failure. In addition to the completion and submission of all course material students are required to provide evidence that they have completed appropriate resuscitation training in the 24 months preceding completion of the course.

DECLARATION

I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above. I understand that I have the right to see and correct if necessary the information which I have provided. I agree to abide by the statutes, regulations and policies of NZDA.

Full Name: Signature:

Date: / /

nzda certificate in dental assisting

2022

enrolment

STUDENT DETAILS

FAMILY NAME: GIVEN NAME:

GENDER: MOBILE:

DATE OF BIRTH: / / (date/month/year)

POSTAL ADDRESS FOR NZDA CORRESPONDENCE:

IS THIS ADDRESS YOUR: ☐ HOME ☐ PRACTICE

PHYSICAL ADDRESS FOR COURIER DELIVERIES OF COURSE MATERIAL:

IS THIS ADDRESS YOUR: ☐ HOME ☐ PRACTICE

PHONE (DAY TIME): MOBILE:

EMAIL ADDRESS FOR NZDA CORRESPONDENCE:

EMERGENCY CONTACT DETAILS

NAME: (must be NZ based)

RELATIONSHIP: PHONE:

EDUCATION DETAILS

☐ High School ☐ Technical College ☐ University

REQUEST FOR ADDITIONAL SUPPORT

Do you have any disabilities or specific learning needs that need to be taken into consideration by the NZDA?

ADDITIONAL INFORMATION

WHICH ETHNIC GROUP DO YOU AFFILIATE WITH:

1. NZ Maori
2. NZ Pakeha/European
3. Tongan
4. Niuean
5. Cook Island Maori
6. Tokelauan
7. Fijian
8. Chinese
9. Indian
10. Sri Lankan
11. Filipino
12. Other Asian – please state
13. European – please state
14. Other – please state

SECONDLY WE NEED TO KNOW WHAT YOU WERE/WILL BE DOING AS OF 1 OCTOBER 2021:

1. Secondary school student in NZ
2. Non-employed or beneficiary
3. Wage or salary worker
4. Self employed
5. House person or retired
6. Overseas (irrespective of qual.)

Please ensure ALL pages of this form are completed, and sent to NZDA:

New Zealand Dental Association.
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Auckland 1541
New Zealand

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f: +64 9 580 0010
w: NZDA.org.nz
e: caryn@nzda.org.nz