

ATTENTION REGIONAL VICTORIAN SCHOOLS

AUSTRALIAN DENTAL HEALTH VICTORIA ENDEAVOURS TO SERVICE ALL REGIONAL VICTORIAN SCHOOLS THAT APPLY. DUE TO LOGISTICAL REASONS DATES MAY VARY FOR YOUR REGION. IF YOU ARE UNSURE WHEN YOUR SCHOOL WILL BE SEEN PLEASE CONTACT THE BOOKINGS DEPARTMENT TO ORGANISE DATES. PLEASE FILL IN AND RETURN THE APPLICATION FORM BELOW AND WE WILL BE IN CONTACT WITH YOU.

DENTAL VISIT 2020 SCHOOL APPLICATION FORM

(03) 9323 9607
apply@adhv.com.au
www.adhv.com.au

Postal Address: 387 Barry
Road, DALLAS, VIC 3047

AUSTRALIAN DENTAL HEALTH VICTORIA

School Name _____

Address _____

Postcode _____ School Contact Person _____ Position _____

School Phone Number _____ Email _____

School Type (PLEASE CIRCLE) Primary Secondary Combined

Number of students enrolled at your school: _____ Number of classes at your school: _____

Preference for visit (PLEASE CIRCLE)

Next year: 2020 - **Term 1** **Term 2** **Term 3** **Term 4**

Circle week of preference - **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **11**

Any special requests or requirements:

Signature:

Name:

Position:

Date:

Please scan and email this form to apply@adhv.com.au or alternatively send via post.

Please note preferences are subjected to availability, the earlier the application form is returned the more likely the ADHV will set your school's given date.