

Bright Smiles Dentist Registration Form

Personal Details	
Name:	
Practice Name:	
Dental Provider No.:	
Participating Dentist/s:	
Email:	
Phone:	

Practice Site 1	
Street:	
Suburb:	
Town/City:	
State:	
Postcode:	

Practice Site 2	
Street:	
Suburb:	
Town/City:	
State:	
Postcode:	

Availability:

During what time period/s are you able to donate your services?

<input type="checkbox"/>	August '08	<input type="checkbox"/>	September '08	<input type="checkbox"/>	October '08
<input type="checkbox"/>	November '08	<input type="checkbox"/>	December '08		

If these months are not suitable please call our coordinator on 9818 0915 or email info@brightsmiles.net.au.

Available hours:

Monday:	<input type="checkbox"/>	8am - 5pm	Other:	
Tuesday:	<input type="checkbox"/>	8am - 5pm	Other:	
Wednesday:	<input type="checkbox"/>	8am - 5pm	Other:	
Thursday:	<input type="checkbox"/>	8am - 5pm	Other:	
Friday:	<input type="checkbox"/>	8am - 5pm	Other:	

Number of children you are prepared to treat:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> More
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Clinical treatment you are prepared to provide:

<input type="checkbox"/> Oral Hygiene	<input type="checkbox"/> Clean & Polish	<input type="checkbox"/> Examination (Treatment Plan)
<input type="checkbox"/> Simple restorations	<input type="checkbox"/> Complex restorations	<input type="checkbox"/> Extractions
<input type="checkbox"/> Sedation	<input type="checkbox"/> Pulp Therapy	<input type="checkbox"/> Stainless Steel Crowns
<input type="checkbox"/> Mouthguards	<input type="checkbox"/> X-rays	<input type="checkbox"/> Orthodontics

<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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** Please note that in order to qualify you must offer a minimum service of examination and treatment plan.*

Recruitment of Children

Do you have any existing relationships with other organisations or programs providing pro bono dental care?

- Yes – please specify with who: _____
- No

Media and Promotions

Are you willing to be publicly acknowledged as a volunteer dentist participant in Bright Smiles?

- Yes No

Are you prepared to be interviewed and quoted / photographed / filmed in media activities promoting Bright Smiles to motivate other dentists to sign up?

- Yes No

Have you provided pro bono treatment to children in need in the past which may provide the basis for a media story?

- Yes No

Are there any special conditions on your participation?

- No
- Yes – please specify: _____

Do you have any other comments or questions?

I confirm that I have indemnity insurance which will cover treatment of children referred to me in the Bright Smiles programme.

- Yes No

Please tick:

I wish to receive updates on the Bright Smiles initiative.

I wish to receive information about other community oral health initiatives.

Thank you for your interest in supporting Bright Smiles. Please send your completed registration form via fax or email to:

Christine Nguyen
Dental Volunteer Coordinator
info@brightsmiles.net.au

Phone: (02) 9818 0915

Fax: (02) 9810 3520