# School of Dentistry Doctor of Clinical Dentistry (DClinDent)

# Personal Statement

### All Applicants

Applications submitted on or before the due date.

**Please upload this personal statement form with your application.** Applications will only be accepted through the University’s [online application system](https://apply.uq.edu.au/).

### Supporting Documentation

Please make sure to upload the following documents to your online application by the closing date: academic transcripts, degree award certificates, CV (including evidence of clinical experience, research publications and contact details for two referees), this personal statement, and if applicable, English Language Proficiency, evidence of RACDS Primary Examinations or equivalent, evidence of AHPRA registration and ADC examinations certificate. Applicants are not required to submit academic transcripts for studies undertaken at UQ.

Please note that once an application has been submitted, it is finalised and cannot be retrieved from the system to be modified or upload additional documents. As such, please ensure that your application is complete before submitting.

### Selection

Limited places are available in each discipline and entry is determined using a competitive selection process and is based on academic records, other postgraduate qualifications, work and research experience since graduation, commitment to the discipline and referee reports.

### Clinical Assessment Program

Shortlisted applicants will be invited to attend a Clinical Assessment Program to be held at the School of Dentistry which may include activities such as clinical observation, a situational judgement test, virtual case discussion & assessment, and a presentation task.

### Offers

It is intended that offers will be made to successful applicants in July 2022. No deferred enrolments are permitted.

### Registration

All successful applicants must be registered with the Dental Board of Australia to commence the program.

### PERSONAL DETAILS:

Title: \_\_\_\_\_\_ Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### FIELD OF STUDY APPLIED FOR:

Dento-Maxillofacial Radiology

Endodontics

Orthodontics

Oral Medicine

Periodontics

Prosthodontics

Special Needs Dentistry

### PERSONAL STATEMENT

Why do you wish to undertake this training program at this time?

Personal qualities and experience that make you a suitable candidate for the program:

Previous dissertation/thesis topics and any publications arising from the above (please provide brief details):