

Faculty of Dentistry
Division of Health Science
University of Otago

**Postgraduate Certificate in Health Sciences
(PGCertHealSc) in Adult Restorative Dental Care**

Part One: Statement of Interest

Part Two: Mentor Declaration

PART ONE

Name

Student ID

Supporting Statement (5000 characters)

Please provide a statement outlining your reasons for wanting to undertake the Postgraduate Certificate in Health Sciences (PGCertHealSc) in Adult Restorative Dental Care. Demonstrate in your statement, your commitment to understanding and achieving equity in oral health outcomes.

Referees (The two Referees must be different to your proposed Mentor)

Referee One - Name

Referee One - Contact Email

Referee Two - Name

Referee Two - Contact Email

Student's Signature

Date

PART TWO

Mentor Declaration

I, (Mentor's Name) _____, hereby
declare that I have agreed to personally mentor (Applicant's Name)
_____ and am registered
and have an APC in a relevant scope of practice.

Signature

Dental Council Registration Number

Date

Please upload the completed form and all supporting documentation to eVision.

Please note:

- Confirmation of admission will be sent to your @student.otago.ac.nz email address.
- Please provide an alternative (non-student) contact email address which will only be used if student email is inactive.

Office Use Only

Admission request

Approved

Declined

Signature

Date

Convenor of PGCertHealSc