



DENTAL SURGERY ASSISTANT PROGRAM APPLICATION FORM

BIOGRAPHICAL INFORMATION:

1) Name: _____ (Miss, Ms, Mrs, Mr)

2) Id Number: _____ (Drivers' Licence, Passport, ID)

3) Address: _____

Cellphone: _____ Email: _____

4) Employed as a DSA: YES: _____ NO: _____

If YES, STATE NAME OF EMPLOYER: _____

Previous training: YES: _____ No _____

If YES to above, Give DETAILS:

Next of Kin:

5) Name: _____ Cell: _____

Email: _____

6) Address: _____

Program Information

- A 12-15month CERTIFICATE program designed to prepare individuals to become dental assistants.

- The program will combine both lecture and hands-on.
- The course is tailored to help participants learn the essential skills and responsibilities required to be a successful member of a dental team.
- After the completion of our program, participants will be prepared to work in a variety of dental offices.
- Dental surgery Assistants already gainfully employed will be able to go back to their place of employment at the end of each block, provided they obtain permission from the employer to attend.
- All details about the programme, including a tentative programme timetable, are available on our website: www.zadenu.org

Admission Requirements for the Dental Surgery Assistant Certificate - READ CAREFULLY:

The minimum requirements for enrolment are Five (5) Ordinary Level passes, including Mathematics, English language, Science and any other 2 subjects at Grade C or better. Strict entry requirements maybe relaxed on account of proven experience. An oral interview or Aptitude/written test may be administered in the event of overwhelming responses to press adverts. English is the medium of instruction. A minimum of 10 months of Work-Integrated Learning at dental clinics, hospitals and/or private dental practices is required. Candidates from SADC countries and elsewhere should first prove that a dental facility in their country will be able to offer them attachment/extended integrated learning. Candidates must have continuous access to internet services.

A police clearance certificate may be required for admission into the program, unless if one is already employed.

- **Total Course fees are \$1875**
- **Deposit at initial registration \$1000**
- **Cost of uniform \$150**
- **Balance to paid before or at registration for 3rd Block/face to face session**
- **Full payment at the beginning of the programme earns a 10% discount.**

Our Refund Policy

- **Cancellation within 30 days of payment – 25% handling fee deducted**
 - **Cancellation within 45 days of payment – 50% handling fee deducted**
 - **Cancellation after 45 days of payment – No Refund**
- i. Program fees will cover attendance at all contact blocks, seminars, assignments, tutorials, learning materials, examinations, handouts, certificate, and graduation ceremony. Unemployed participants to purchase approved uniforms to be worn at all time while on attachment.
 - ii. Candidates will meet own upkeep while attending attachment (if not already employed).
 - iii. **All fees paid are non-refundable.**

- iv. The organizers do not guarantee a job after training.
- v. Candidates will not be paid any allowances while training.
- vi. Candidates have primary responsibility for securing attachment places though the academy will also assist the candidate.
- vii. Candidates may not sit for final examination without proof of accomplishment in module 4 of ICDL and First Aid from an accredited/approved provider.
- viii. Attached employer recommendation, if already employed.
- ix. Attached Proof of Payment of non-refundable processing fee of \$30.00. NB: Payment can be made in person at reception or by Bank Transfer.
- x. Completed application form, together with all necessary supporting documents to be couriered or Dropped off at or couriered to the addresses below.
- xi. Incomplete applications will not be considered.

Our Bank Account Details:

Name Of Account	Odontoblast Investments (Pvt) Ltd
Account Number	8700212260100
Bank	Standard Chartered Bank Zimbabwe Ltd
Branch	Borrowdale Branch
Address	33 Sam Levy Village, Borrowdale, Harare
Branch Code	02800 Or 5128
Swift Code	SCBLZWHXXXX

The Dental & Orthodontic Surgery

**60 Baines Avenue, Medical Chambers, First floor, West Wing
HARARE**

Tel: (263-4) 792309/762338/735213

FAX: 263-4-792309

Surgery mobile: 0263 (4) 773 109 356; 772 848 051

Email: info@zadenu.org; drfsmoyana@gmail.com

OR

Borrowdale Dental Surgery

Sam Levy's Village, Opposite New Food Lovers Market, Across East of Behind Bon Marche

Adjourning Mugg & Bean Restaurant

New Block 3, Suite HB, Shop 1 (upstairs) **BORROWDALE,**

Surgery mobile: 0716 092 459, 0772 430 647, 0782 210 210

TELEPHONE: (0242) 886340/2/3

Email: borrowdaledentalsurgery@gmail.com

NB: The Zimbabwe Academy of Dental Nursing (ZADENU) is a programme whose administrative address is any of our two surgeries (not a building). You can drop or courier your application form/papers (together with certified copies of ID, educational certificates and proof of payment of application fee) to any of our two administrative offices (surgeries) whose addresses are shown above:

Signature: _____

Date: ____/____/____