

Application for Training

AEDP

Diploma of Equine Dentistry



**AUSTRALIA 2026-b**

# AUSTRALIAN EQUINE DENTAL PRACTICE

13 Pavo Street Balwyn North VIC 3104 Australia  
admin@equinedentalpractice.com  
Phone +61 (0)414 566 789



## Application for Training AEDP Diploma of Equine Dentistry

Closing date for applications is 11 September 2026. If approved applications exceed available places, the earliest applications will be given priority.

### APPLICATION FEE (AUD):

\$ 250                      Application fee payable when lodging forms. This fee is non refundable.

### TRAINING FEES (AUD) ARE DUE BEFORE THE DATES AS INDICATED:

\$ 3,000                      7 days after advice of acceptance; this is a non refundable payment. (payment 1)  
\$ 14,900                     14 days prior to course start. (payment 2)  
\$ 14,900                     45 days after course start. (payment 3)  
\$ 32,800 total

### TRAINING DATES FOR THEORY AND PRACTICAL TRAINING:

Non-veterinary participants:

Distance education part 1 from 2 Nov 2026 to 29 Jan 2027 (12 weeks)  
Practical education part 1 from 1 Feb 2027 to 26 Feb 2027 (4 weeks)  
Distance education part 2 from 1 Mar 2027 to 16 Apr 2027(6 weeks)  
Practical education part 2 from 19 Apr 2027 to 7 May 2027 (3 weeks)

For vet applicants:

Distance education part 1 from 2 Nov 2026 to 29 Jan 2027 (12 weeks)  
Practical education part 1 from 8 Feb 2027 to 26 Feb 2027 (3 weeks)  
Distance education part 2 from 1 Mar 2027 to 16 Apr 2027(6 weeks)  
Practical education part 2 from 26 Apr 2027 to 14 May 2027 (3 weeks)

### YOUR DETAILS:

#### 1. Personal Details of Applicant

Given Names \_\_\_\_\_

Surname Dr/Mr/Mrs/Ms \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address (if different) \_\_\_\_\_

Telephone Private \_\_\_\_\_

Telephone Work \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth                      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 2. Have you previously applied for entry to this or other equine dentistry courses?

If so, in which year, and to which course? \_\_\_\_\_

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3. What is your first language? \_\_\_\_\_

What other languages do you speak? \_\_\_\_\_

4. Have you had, or do you have any mental or physical conditions or injuries that may impede, affect or result in danger to your training as an equine dentist? If so please list all these conditions and injuries. Include finger, wrist, back issues and so on.

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5. Do you suffer any visual or aural processing difficulty or any mental or physical conditions that may affect your learning or practical work? If yes, please state details and include reports that indicate special requirements.

\* Provide a separate attachment if necessary.

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6. Are you taking, or will you be taking any medication for mental or physical conditions or injuries that may impede, affect or result in danger to you or to others during your training as an equine dentist? If so please list all medication.

\* Provide a separate attachment if necessary.

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7. Which institution did you attend for the final year of your secondary education?

\* If you have not completed tertiary education, please attach a copy of the final year results/certificate with this application.

8. Have you completed any tertiary or vocational education? If so, give details of all certificates/diplomas/degrees completed or currently being undertaken.

INSTITUTION	COURSE TITLE	YEARS ATTENDED	ELECTIVES
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\* Please attach a copy of academic achievements (along with the grading scale details) with this application.

9. What is your present occupation? \_\_\_\_\_

10. What previous experience do you have with horses or other animals?

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\* Provide a separate attachment if necessary.

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11. Do you hold, or have you previously held memberships with any organisations associated with the equine industry? If so, which ones?

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12. a. What is your height? \_\_\_\_\_ cm  
b. Your weight? \_\_\_\_\_ kg  
c. Are you left or right handed? \_\_\_\_\_

13. Have you participated in any other activities that you feel will assist you in practising equine dentistry?

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\* Include details such as sports/social/charity/commercial activities.

14. Please provide a full statement explaining your motivation to undertake Equine Dentistry training.

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\* Please provide a separate attachment if necessary to further explain your motivation.

15. If you are accepted for training, you will join other trainees who are doing the course with you. They may provide a network of support for you. Can we share your name, training email and location (town and state) with them? yes / no

16. During your training you may be present in photographs or videos which may later be published. We will only publish material that is respectful to the trainee and where such material is directly related to training. Do you consent to the AEDP publishing such material? yes / no

17. Who is your next of kin, should we need to contact him/her in case of an emergency?

Name \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
Address \_\_\_\_\_  
Mobile phone \_\_\_\_\_

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18. Please provide the details for referees who support your application and whom we may contact:

*Referee A*

Relation to applicant \_\_\_\_\_  
Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone private \_\_\_\_\_  
Telephone work \_\_\_\_\_  
Telephone mobile \_\_\_\_\_  
E-mail \_\_\_\_\_

*Referee B*

Relation to applicant \_\_\_\_\_  
Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone private \_\_\_\_\_  
Telephone work \_\_\_\_\_  
Telephone mobile \_\_\_\_\_  
E-mail \_\_\_\_\_

*Referee C*

Relation to applicant \_\_\_\_\_  
Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone private \_\_\_\_\_  
Telephone work \_\_\_\_\_  
Telephone mobile \_\_\_\_\_  
E-mail \_\_\_\_\_

*I have read and understand the Terms and Conditions of Training document that has been provided to me with this application form. I agree to abide by those Terms and Conditions and I hereby make Application for Training and declare that all information I have provided as part of this application is true and correct. I give permission for the nominated referees to provide you with personal information relevant to this application. The information I have provided will further be kept confidential.*

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

**Enclose these documents with your application:**

- Application fee
- Final results for secondary education if applicable
- Final results of tertiary education if applicable
- Supporting statements
- Payment where applicable

**Payment options:**

**a. Cheque by post** to Australian Equine Dental Practice, 13 Pavo Street, Balwyn North, VIC 3104, Australia.

**b. Electronic lodgement / EFT payment**

Payment by electronic banking may be made to:

Name of account	Australian Equine Dental Practice
BSB number	063 111
Account number	1014 9066
Transfer details	Your initials+'Course'

Additional information for international residents (see also option c)

Bank	Commonwealth Bank of Australia
SWIFT code	CTBA AU 2S
Location	Sydney Australia

**c. International payment in your local currency**

Regular bank transfers may incur a significant fee and do not provide a fixed foreign exchange rate. To reduce bank fees and gain better exchange rates, the AEDP can assist you with an OFX or Transfermate transaction which enables you to pay in Pounds, Euros or US dollars at banks in your region. OFX is a company listed on the Australian Stock Exchange and Transfermate is a company owned by the Irish Government.

The procedure is this:

1. We trigger a transaction on the day that you can get a favourable exchange rate
2. We advise you on the exact cost and provide a transaction reference number.
3. You make the payment into the specified bank account in your currency. It means you can transfer the amount to a number of regional banks (Barclays etc)
4. OFX/Transfermate credits our AEDP account; your savings will be about 2% of the total amount compared to regular bank transfers. As well as that we have the advantage that you can trigger a transaction when exchange rates are best.
5. Some regions may not have access to this facility. Please enquire when you are accepted for training.