



# VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

## VETERINARY PRACTICE ACT, 2003 ("VPA")

FORM 1:

### APPLICATION FOR REGISTRATION AS A VETERINARY SURGEON IN SOUTH AUSTRALIA (Please ensure that all questions are answered and if not applicable, mark N/A)

1. Full Name: .....

Residential Address: .....

..... Post Code: .....

Phone: ..... Fax: ..... Email: .....

2. Name of Employer & Practice: .....

Business Address: .....

..... Post Code: .....

Phone: ..... Fax: ..... Email: .....

**Nominate address for VSBSA database; the nominated address will be for purposes of postal & publication (i.e. in the Register):**

Residential address above  Business address above  Other .....

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3. Are you currently registered to practise as a veterinary surgeon in any other State or Territory of Australia or Country?

Please tick **YES**  **NO**

a) If yes, please indicate State, Territory or Country of current registration, and the most recent year of practise,

.....  
and **provide a letter of good standing from that Registering Body.**

b) If you are not currently registered elsewhere, you must answer the following question, and attach 2 references attesting to your character and suitability for registration. At least one reference must be from a veterinary surgeon registered under this Act or any corresponding legislation.

c) Have you practiced as a veterinary surgeon within the last 3 years?

Please tick **YES**  **NO**

4. a) Have you been formally charged with any offence against the VPA or similar legislation in another State or Territory or Country?

Please tick **YES**  **NO**

b) Have you been charged with an offence under any other Act that is punishable by imprisonment for 1 or more years?

Please tick **YES**  **NO**

- 5. Have you ever been the subject of any Inquiry or disciplinary proceedings under the VPA or any code of conduct or professional standards prepared or endorsed by the Veterinary Surgeons Board of SA under the VPA or any other similar legislation or Code of Conduct or professional standards of another State, Territory or Country?

Please tick **YES**  **NO**

If the answer to either part of Q 4 or Q 5 above is **YES**, you must attach a sheet providing full details of the nature of the offence, date of conviction or finding of guilt and penalty imposed.

- 6. Do you have any mental or physical condition (including any addiction) which may affect your fitness to provide veterinary treatment?

Please tick **YES**  **NO**

If the answer to the above is **YES**, please attach a sheet providing details of the condition or addiction and the impact on your fitness to provide veterinary treatment.

**7. Professional Indemnity Insurance**

**Section 44(1)** of the *Veterinary Practice Act, 2003* requires that practising veterinary surgeons must not, unless exempted by the Board, provide veterinary treatment for fee or reward unless insured in a manner and to an extent approved by the Board against civil liabilities that might be incurred by him or her in the course of providing veterinary treatment. **Maximum penalty: \$10 000.**

*If you are a practice owner, or setting up practice, or providing any person with a fee account for your services, it is necessary for you to take out adequate professional indemnity and public liability insurance and provide details to the VSBSA. If you are employed (i.e. receive a salary/wage) in a veterinary practice or elsewhere, you must obtain the details of the insurance cover if it is provided for you under your employer's insurance arrangements:*

To comply with section 44, provide the following details:

- a) Name of Insurance Company (not the broker): .....
- b) Policy No: .....
- c) Amount of Cover \$ .....
- d) Full details of all and any limitations or restrictions or exclusions on cover, e.g. requirement to use specified forms or procedures, exclusion of certain tasks such as issuing pre-purchase certificates or certificates of soundness -or restriction on types of animals for which you are covered (e.g. not race horses).

**NB:** It is your obligation to give full disclosure. Failure to hold professional indemnity insurance which covers all aspects of your practice is an offence which could render you liable to prosecution under Section 44 of the *Veterinary Practice Act, 2003*. You must not provide veterinary treatment for fee or reward if not covered by adequate indemnity insurance.

.....  
 .....  
 .....

**Section 44(2)** of the *Veterinary Practice Act, 2003* - The Board may approve special exemption.

- e) If you wish to apply for exemption from the above requirement, please provide details of the grounds on which you base your application (e.g., Govt employee, need to register for migration purposes but not actually in Australia yet, etc.):

.....

8. Attachments

**All applicants must attach the following:**

- a) A photograph of the applicant. *(The photograph must be recent and of no less than passport size, preferably coloured).*
- b) The degree certificate by which the applicant claims eligibility for registration. *A copy is acceptable but must be certified by a legal practitioner, or a Justice of the peace, as being a copy of the original document. The certifying officer must include his/her name, business address and business telephone number in block letters.*

**OR:** If applying for Secondary Registration, a completed Form A is acceptable, in lieu of degree certificate.

**Where applicable the applicant should also attach:**

- c) Documentary evidence of a legal name change if surname of applicant differs from that shown on degree certificate. *(A copy of any such document to be certified, as in 8. b) above, as being a copy of the original document.)*
- d) If required under 3. a), **a letter of good standing** be forwarded from the current registering body direct to Veterinary Surgeons Board SA *(letters of good standing are only valid for 3 months).*
- e) If required under 3. b), two references on Forms 1(a).

9. Fees

The prescribed registration and annual practice fees must accompany this application. The current fees are listed in the table below:

|  |                     |                        |
|--|---------------------|------------------------|
| <b>Initial Registration Fee</b> (to go onto register)      \$140.00                |                     |                        |
| <b>PLUS</b> (choose the appropriate fee below; this is in addition to \$140 above) |                     |                        |
| <b>Annual Practice Fee</b> (for registration until the end of the year)            |                     |                        |
| <b>For Registration in</b>   | <b>Primary Reg.</b> | <b>*Secondary Reg.</b> |
| January, February, March   | \$375               | \$230                  |
| April, May, June   | \$320               | \$190                  |
| July, August, September  | \$280               | \$170                  |
| October, November, December  | \$230               | \$145                  |

**Total enclosed: \$ ..... for Primary / \*Secondary registration**

**I hope to start work on .....**

*\*For fully registered person(s) whose primary practice and residence is in another Australian State/Territory.*

*Cheques/Money Orders payable to the **Veterinary Surgeons Board of SA**  
 Visa & MasterCard payment acceptable if full details supplied (see page 4)*

**DECLARATION**

I, ....., declare that the above particulars are true in every respect to the best of my knowledge, information and belief.

Dated the ..... day of ..... 20.....

Signature: .....

**For payment by credit card, please complete details below**

Charge my: MasterCard / Visa

\$.....

Card No:

Expiry date:   /

Name on Card: .....

Signature: ..... Date: .....

**Forward application to:**

THE REGISTRAR  
VSBSA  
185 FULLARTON ROAD  
DULWICH SA 5065