

VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

VETERINARY PRACTICE ACT, 2003

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:

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, under corresponding legislation, to practise as a veterinary surgeon in any other State, Territory or Country?

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

3(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.

3(b) If no, you must 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.

4. **(a)** Have you been formally charged with an offence against the Veterinary Practice Act, Codes endorsed under this Act, or similar Acts in other States/Territories, in the last 12 months?

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**

If the answer to either or both of the 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.

5. Do you have any continuing addictive, mental or physical condition which has the potential to affect your fitness to practise veterinary science? **YES** **NO**
 If the answer to the above is *YES*, please attach a sheet providing any relevant details.

6. Please indicate two species or classes of animal that you are prepared to, or prefer to treat.
 If selecting classes of animal please pick from those listed below:
 (1) Small animal (2) Large animal (3) Mixed
 (4) Equine (5) Avian (6) Native

7. **Professional Indemnity**

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 setting up practice, or providing a practice with a bill for your services, it is necessary to take out adequate professional indemnity cover and public liability and provide details. If you are employed (i.e. receive a salary/wage) in a practice, you must obtain the details of the cover provided for you by your prospective employer's insurance.

To comply with this section, please provide the following details:

7(a) Name of Insurance Company:

Policy No: Amount of Cover \$

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

- 7(b) 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. locum employed by practice, Govt employee, etc):

8. **Attachments**

All applicants must attach the following:

- 8(a) A photograph of the applicant. *(The photograph must be recent and of no less than passport size, preferably coloured).*
 8(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.

Where applicable the applicant should also attach:

- 8(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).*
 8(d) If required under 3(a), **a letter of good standing** be forwarded from the current registering body direct to Veterinary Surgeons Board SA.
 8(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:

Initial Registration Fee (to go onto register)	\$120.00	
PLUS		
Annual Practice Fee (choose the appropriate fee)		
For Registration in	Primary Reg.	*Secondary Reg.
January, February, March	\$285	\$170
April, May, June	\$240	\$140
July, August, September	\$210	\$125
October, November, December	\$170	\$105

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.*

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 the following:

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

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