

VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

VETERINARY PRACTICE ACT, 2003

FORM 7: APPLICATION FOR LIMITED 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. Please indicate (by ticking appropriate box) category of limited registration applied for:

- 3(a)** To acquire the experience and skill required for full registration
- 3(b)** To teach or to undertake research or study in South Australia
- 3(c)** To work within the abattoir industry in South Australia
(i.e. registration within the public interest, pursuant to Section 32(2)(e) VP Act 2003)
- 3(d)** Registration in the public interest - general

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.
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6. **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.

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

6(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.

- 6(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):

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7. **Attachments**

All applicants must attach the following:

- 7(a)** A photograph of the applicant. (The photograph must be recent and of no less than passport size, preferably coloured, and will be retained by the Board).
- 7(b)** The degree certificate by which the applicant claims eligibility for registration.
A copy is acceptable but must be certified by a legal practitioner, official of an Australian Embassy or High Commission 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.

Where applicable the applicant should also attach:

- 7(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 5(b) above, as being a copy of the original document)*
- 7(d)** Any additional information required under Section 3 above:
For 3(a): attach documentary evidence that you have been accepted by the Australasian Veterinary Boards Council Incorporated to sit for the National Veterinary Examination and have passed the English Language exam and the Multiple Choice Question exam.
For 3(b): Attach a sheet indicating the type and duration of your teaching, research or study assignment. This statement should be signed by both yourself and your employer or supervisor.
For 3(c): complete Attachment 1, signed by both yourself and your employer/supervisor.
For 3(d): Attach a sheet indicating the grounds for your application.
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8. **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

**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

VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

VSB SA • 185 FULLARTON RD • DULWICH SA 5065

PHONE: 08 8331 9433 • FAX: 08 8364 4688

WEBSITE: www.vsbsa.org.au E-MAIL: admin@vsbsa.org.au

FORM 7

ATTACHMENT 1

To be completed by all applicants for Limited Registration as a Veterinary Surgeon to work within the abattoir industry in South Australia

Name of Abattoir:

Location:

Summary of duties:

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Full name of Applicant:

Signature of Applicant:

Signature of Employer / Supervisor:

Name of Employer / Supervisor:

Position or Title:

Date:

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