

# VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

## VETERINARY PRACTICE ACT, 2003

### FORM 8: APPLICATION FOR REINSTATEMENT OF 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)** Year last registered in South Australia: .....

**3(c)** If you are not currently registered elsewhere, please attach a sheet indicating your activity since you were last registered in South Australia.

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. **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:

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):

.....

7. **Fees**

The prescribed reinstatement 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)	\$120.00	
<b>PLUS</b>		
<b>Annual Practice Fee</b> (choose the appropriate fee)		
<b>For Registration in</b>	<b>Primary Reg.</b>	<b>*Secondary Reg.</b>
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, see page 3.*

**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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