



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

PO BOX 7395
HUTT STREET SA 5000

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APPLICATION FOR REGISTRATION AS A VETERINARY SURGEON IN SOUTH AUSTRALIA

This form must be used by persons who are or have been registered as a veterinary surgeon in another jurisdiction.
Please ensure that all questions are answered and if not applicable, mark N/A.

Full Name:

Date of Birth: ___ / ___ / _____ Male Female

Residential Address:

Suburb: State: Postcode:

Postal Address:

Suburb: State: Postcode:

Please note that your postal address will be recorded on the publicly available general register

Email:

Phone: (mobile preferred)

Name of Employer/Clinic:

Business Address:

Suburb: State: Postcode:

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

YES NO

If YES, please indicate the jurisdiction of current registration and also arrange for a letter of good/professional standing to be provided by the registering body in that jurisdiction.

Jurisdiction.....

If NO, please state the year and jurisdiction in which you most recently practised. Please also arrange for a letter of good/professional standing to be provided by the registering body in that jurisdiction.

Year and jurisdiction of recent practice:



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2. Pursuant to section 43 of the *Veterinary Practice Act 2003*, a veterinary surgeon must not provide veterinary treatment for fee or reward without first obtaining the approval of the Board if the veterinary surgeon has not provided veterinary treatment for a period of 3 years or more.

Do you require the approval of the Board under section 43?

YES NO

If YES, please provide details of all period(s) during which you provided veterinary treatment since your first registration as a veterinary surgeon (attach a separate sheet) and provide a copy of your curriculum vitae.

3. Have you ever been the subject of an inquiry or disciplinary proceedings under the *Veterinary Practice Act 2003* or corresponding legislation of another jurisdiction?

YES NO

4. Have you ever been charged with an offence under any other legislation that is punishable by imprisonment for 1 or more years?

YES NO

If YES to question 3 or 4, please attach a sheet providing full details of the nature of the investigation/proceedings/offence, the date of any conviction and details of any penalty imposed.

It is an offence to under Section 68 of the Veterinary Practice Act 2003 to make a statement that is false or misleading (whether by reason of the inclusion or omission of any particular) in any information provided to support your application for registration as a veterinary surgeon. Maximum penalty: \$20,000.

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

YES NO

If YES, please attach a sheet providing details of the condition or addiction and the impact on your fitness to provide veterinary treatment, and the name and address of your treating doctor, if any.



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6. Pursuant to section 44(1) of the *Veterinary Practice Act 2003*, a veterinary surgeon providing veterinary treatment for fee or reward in South Australia must be covered by a professional indemnity insurance arrangement unless exempted by the Board. Veterinary surgeons in government employment are exempt from this requirement.

The Board's *Professional Indemnity Insurance Requirements* are published on the 'Registration' page of its website.

Are you covered by a professional indemnity insurance arrangement which meets the Board's requirements?

YES NO

Failure of a veterinary surgeon to be covered by a professional indemnity insurance arrangement which meets the Board's requirements is an offence under section 44 of the Veterinary Practice Act 2003. Maximum penalty: \$10,000.

ATTACHMENTS

All applicants must attach the following:

- A photograph of the applicant
 - the photograph must be recent, colour and passport sized
 - please print your name clearly on the back of the photograph
- A copy of documentary evidence of any legal change of name if the applicant's name differs from that shown on the degree certificate
 - the copy must be certified as being a true copy of the original document
 - the certifying officer must include his/her name, business address and business telephone number in block letters on the document

Please allow up to 10 business days for processing your application once all required documentation has been received



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PRESCRIBED FEES

\$220.00 for entry to the general register

PLUS

\$640.00 for registration on the general register for the calendar ending 31 December

(if registering in December, a reduced fee of \$160.00 applies)

I wish to start practising as a veterinary surgeon on

Please allow up to 10 business days for processing your application once all required documentation has been received

Your certificate of registration and tax invoice/receipt will be provided to you as soon as possible after processing

GST is not payable on statutory fees

REMITTANCE ADVICE

(please circle payment type)

Cheque / Money Order \$.....

MasterCard / Visa \$.....

Card No:

Expiry No: /

CVV Number:

Name on Card:

Signature: Date:



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DECLARATION

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

Signature: Date:

POST TO: VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA
PO BOX 7395
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Please note that we are unable to process applications received electronically