



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

PO BOX 7395
HUTT STREET SA 5000

P: 08 8359 3334
W: vsbsa.org.au
E: admin@vsbsa.org.au

APPLICATION FOR REGISTRATION ON SPECIALIST REGISTER

Applicant Details

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(s)

Email:

Phone: (mobile preferred)

Name of Employer/Clinic:

Business Address:

Suburb: State: Postcode:

General Register Details (tick boxes where applicable)

Are you currently registered as a veterinary surgeon in South Australia?

OR

Are you applying for registration on the general register?

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



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Application

(tick boxes where applicable)

I hereby apply for registration on the specialist register

1. Nominated Specialty:

2. Qualifications:

3. How many years have you been working in this specialist field (inclusive of training) for a minimum of 25 hours per week?

4. How would you describe your current activities in your speciality?

Referral Practice

Teaching

Research

Government

Consultancy

Other

(please specify)

5. Are you registered as a veterinary specialist elsewhere?

Yes

No

Specialist Category:

Year of Registration:

State / Territory / Country:

6. Have you ever been declined registration as a specialist?

Yes

No

If YES, in what jurisdiction were you declined registration as a specialist and what was the reason?

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Prescribed Fees
<input type="checkbox"/> \$220.00 for entry to specialist register
<u>PLUS</u>
<input type="checkbox"/> \$315.00 registration on specialist register

GST is not payable on prescribed fees

Remittance Advice (please circle payment type)

Cheque / Money Order \$.....

MasterCard / Visa \$.....

Card No:

Expiry No: / CVV Number:

Name on Card:

Signature: Date:

DECLARATION

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

Signature: Date:

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