



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

GPO BOX 11020
ADELAIDE SA 5001

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

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.
This form is not to be used by registered veterinary surgeons of the purpose of renewing registration.
Please ensure that all sections are *completed in blue ball point pen* and if not applicable, mark N/A.

Full Name:

Date of Birth: ___ / ___ / ___ Gender: Male Female Unspecified

Residential Address:

Suburb: State: Postcode:

Postal Address:

Suburb: State: Postcode:

Email:

Phone: (mobile preferred)

Place of Employment:

Business Address:

Suburb: State: Postcode:

***Please note that your business address will be recorded on the general register
which is accessible to the public***

1. Are you currently registered to practise as a veterinary surgeon in any Australian State/Territory or overseas jurisdiction?

YES NO

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

Jurisdiction.....

If NO, please state the year and jurisdiction in which you most recently practised as a veterinary surgeon. Please also arrange for a letter of good/professional standing to be sent to us directly 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 page) and provide a copy of your curriculum vitae.

3. Have you ever been the subject of an investigation 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 separate page providing full details of the nature of the investigation / 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 an impairment that detrimentally affects or may detrimentally affect your capacity to practise as a veterinary surgeon?

YES NO

Impairment means a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession.

If YES, you must attach to this application a separate page providing details of the impairment and how it is managed.



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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: www.vsbsa.org.au

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.

CONTACT FOR DECLARED DISASTERS

I am willing to be contacted on my nominated mobile telephone number in the event of a declared emergency or disaster (e.g. disease outbreak)

YES

NO

ATTACHMENTS

All applicants must attach the following:

- A colour copy of current photographic identification such as a passport or the front and back of a driver's licence
 - the copy must be certified as being a true and correct copy of the original document and that the photograph is a true likeness of the person presenting the document by a person authorised to do so in Australia
 - the certifying officer must include his/her full name, occupation/profession (including the occupation/profession number if applicable) the certifying officer's stamp or seal (if applicable), business address and business telephone number in block letters on the document
- 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 by a person authorised to do so in Australia
 - the certifying officer must include his/her full name, occupation/profession (including the occupation/profession number if applicable) the certifying officer's stamp or seal (if applicable), business address and business telephone number in block letters on the document



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PRESCRIBED FEES

\$240.00 application for registration - general register

PLUS

\$697.00 annual practice fee - general register

I wish to start practising as a veterinary surgeon on

Please allow up to 10 business days for processing your application following receipt of all required information and documentation

Your tax invoice receipt will be provided to you as soon as possible after processing

GST is not payable on statutory fees

DECLARATION

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

Signature: Date:



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REMITTANCE ADVICE

(please circle payment type)

Cheque / Money Order \$.....

MasterCard / Visa \$.....

Card No:

Expiry No: / CVV Number:

Name on Card:

Signature: Date:

POST TO: VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA
GPO BOX 11020
ADELAIDE SA 5001

Please note that we are unable to process applications received electronically



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CHECKLIST

To avoid delays in processing your application, please ensure that you have provided, **all required information and documentation**. Once complete, post your application to the Board's mailing address:

The Veterinary Surgeons Board of South Australia
GPO Box 11020
ADELAIDE SA 5001

It is recommended that you use Australia Post's registered post service with tracking

Please ensure that you have:

- Completed all sections – **page 1**
- Ticked all boxes – **page 1 to 3**
- Attached separate pages if required by question 2, 3, 4 and 5 – **page 2**
- Signed and dated the declaration - **page 4**
- Provided valid payment details for payment of prescribed fees – **page 5**
- Arranged for a letter of good/professional standing to be sent to us directly by the registering body in that jurisdiction – **page 1**
- Attached a *colour* copy of your current photographic identification which has been certified by a person authorised to do so in Australia – see **page 3** for the requirements pertaining to this document
- Attached a certified copy of documentary evidence of any legal change of name if your name differs from that shown on your degree certificate or official academic transcript – see **page 3** for the requirements pertaining to this document