



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

1. Are you now (or have you ever been) the subject of an investigation by an employer, registration, professional body, educational institution or any other authority in respect of any matter that was or may be the subject of disciplinary proceedings?

YES NO

2. Have you ever been the subject of an investigation under the *Veterinary Practice Act 2003* or corresponding legislation of another jurisdiction?

YES NO

3. 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 2, 3 or 4, please attach a sheet 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.

4. Do you have an impairment that detrimentally affects or may detrimentally affect your capacity to practise the profession?

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 details of the impairment and how it is managed.

5. Section 44(1) of the *Veterinary Practice Act 2003* requires that all veterinary surgeons providing veterinary treatment for fee or reward in South Australia 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



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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 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 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

- A copy of the degree certificate by which the applicant claims eligibility for registration
 - 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

- 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

New graduates must also attach the following:

- Original copies of two references (using Form 2A) attesting to your character and suitability for registration. At least one reference must be from a veterinary surgeon registered in an Australian jurisdiction.



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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 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

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