

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 - INITIAL REGISTRATION**

For use by applicants who have not previously been registered as a veterinary surgeon in any jurisdiction

	Please ensure that a	ll sections are o	completed and	d if not applical	ole, mark N/A	
Full Name:						
Date of Birth:	11	Gender:	Male	Female	Unspecified	
Residential Addre	ss:					
Suburb:			St	tate:	Postcode:	
Postal Address:						
Suburb:			St	tate:	Postcode:	
Email:						
Phone:			(mobile	preferred)		
Suburb:			St	tate:	Postcode:	
Plea	se note that your b	usiness addre which is acce			general register	
CONTACT FOR I	DECLARED DISAST	ERS				
I am willing to be disaster (e.g. dise	•	ninated mobile	telephone nur	mber in the eve	ent of a declared emerger	icy or
YES						
NO 🗌						

Page 1 of 6 FORM 2



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 <i>Veterinary Practice Act 2003</i> 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 imprisonmer for 1 or more years?
	YES NO
	If YES to question 1, 2 or 3, 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 of 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 a 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 i managed.
5.	Section 44(1) of the <i>Veterinary Practice Act 2003</i> 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 <i>Professional Indemnity Insurance Requirements</i> are published on the 'Registration' page of it website: www.vsbsa.org.au
	Are you covered by a professional indemnity insurance arrangement which meets the Board's requirements
	YES NO

FORM 2 Page 2 of 6



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 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 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 by a person authorised to do so in Australia
 - the certifying officer must include his/her name, business address and business telephone number in block letters on the document
 - if you do not have your degree certificate at the time you apply for registration, you may provide an original official academic transcript (that transcript must contain a conferral statement which reflects that you have qualified for the award)
 - if you do not have an original official academic transcript, you may provide a certified copy of a printed version of a digital academic transcript (that digital transcript must contain a conferral statement which reflects that you have qualified for the award)
 - the printed version of the digital academic transcript 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 business 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 by a person authorised to do so in Australia
 - 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.

Further information relating to new graduates can be found on the <u>New Graduate</u> page of the website.

FORM 2 Page 3 of 6



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

PRESCRIBED FEES

	\$240.00	application for registration - general regist	er		
	<u>PLUS</u>				
	\$697.00	annual practice fee - general register			
I wish t	o start pra	ctising as a veterinary surgeon on			
		to 10 business days for processing you documentation.	r application	following receip	ot of all required
A tax ii	nvoice rece	eipt will be provided to you as soon as pos	sible after prod	essing	
GST is	not payab	ole on statutory fees			
DECLARA	ΓΙΟΝ				
I,respect to the	ne best of i	, demy knowledge, information and belief.	clare that the	above particulars	are true in every
Signature: .			Date	e:	

Page 4 of 6 FORM 2



REMITTANCE ADVICE		
(please circle	payment type)	
-	Money Order \$	
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

FORM 2 Page 5 of 6



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 ensu	ure that you have:
	Completed all sections – page 1
	Ticked all boxes – page 1 to 2
	Attached separate pages if required by question 3 and/or question 4 – page 2
	Signed and dated the declaration - page 4
	Provided valid payment details for payment of prescribed fees – page 5
	Attached a <i>colour</i> 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 your degree certificate or a certified copy of your official academic transcript which states that your qualification has been conferred (awarded) by the university – see page 3 for the requirements pertaining to these documents
	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
If you are a	graduate, please also ensure that you have:
	Attached <i>original</i> copies of two references (using Form 2A) – see page 3 for the requirements pertaining to this document

FORM 2 Page 6 of 6