



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 REINSTATEMENT ON SPECIALIST REGISTER

Applicant Details

Full Name:

Date of Birth: ___ / ___ / ___ Male Female

Residential Address:

Suburb: State: Postcode:

Postal Address:

Suburb: State: Postcode:

Email:

Phone: (mobile preferred)

Place of Employment:0 .

Business Address:

Suburb: State: Postcode:

General Register Details (tick boxes where applicable)

Are you currently registered as a veterinary surgeon in South Australia? Yes No

OR

Are you also applying for registration on the general register? Yes No



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Application

(tick boxes where applicable)

I hereby apply for reinstatement on the specialist register

| Prescribed Fees |
|---|
| <input type="checkbox"/> \$240.00 application for reinstatement - specialist register |
| <u>PLUS</u> |
| <input type="checkbox"/> \$344.00 annual practice fee - specialist register |

GST is not payable on prescribed specialist 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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