



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

GPO BOX 11020
ADELAIDE SA 5001

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

APPLICATION FOR REINSTATEMENT OF REGISTRATION AS A VETERINARY SURGEON IN SOUTH AUSTRALIA

This form must be used by persons who have been registered on the general register in South Australia previously and who wish to be reinstated to that register.

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:
(please provide personal email address for confidential correspondence)

Phone: (mobile preferred)

Place of Employment:

Business Address:

Suburb: State: Postcode:

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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. Please state the year in which you were last registered in South Australia:

3. Please indicate the reason as to why you were removed from the general register in South Australia

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4. 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 sheet) and provide a copy of your curriculum vitae.

5. Have you ever been the subject of an inquiry or disciplinary proceedings under the *Veterinary Practice Act 2003* or corresponding legislation of another jurisdiction?

YES NO

6. Are you currently residing in Australia or have you ever resided in Australia?

YES NO

If YES, you are required to provide either an original or certified copy of a National Police Certificate (NPC). It is your responsibility to request and pay for an NPC through an Australian Police Agency (Australian Federal Police or a State/Territory Police Agency such as [South Australia Police](#)) or any of the organisations accredited by the [Australian Criminal Intelligence Commission](#). The certificate must have been issued within the last 12 months.

You must specify on the application form that you will have unsupervised access to vulnerable groups. **Vulnerable groups** are defined to include:

- (a) an adult who is disadvantaged or in need of special care, support or protection because of age, disability or risk of abuse or neglect; and
- (b) a child under 18 years.

7. Have you lived or primarily been based in a country other than Australia for six consecutive months or longer when aged 18 years or more?

YES NO



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If YES, you are required to provide a printed copy of International Police Check (IPC) results. It is your responsibility to request and pay for the IPC through [Australia Post](#). Your Australia Post IPC will be processed by Equifax fit2work. The IPC must have been issued within the last 12 months.

8. 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 a separate page providing details of the impairment and how it is managed.

9. 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 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

*Failure to hold professional indemnity insurance 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:

- Current photographic identification such as a passport or the front and back of a driver's licence
 - the copy must be in colour and 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. For certification instructions, please refer to the document entitled '[Certifying Documents](#)'
- 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. For certification instructions, please refer to the document entitled '[Certifying Documents](#)'



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- National Police Certificate and/or International Police Check results
 - a copy must be certified as being a true copy of the original document by a person authorised to do so. For certification instructions, please refer to the document entitled '[Certifying Documents](#)'
 - the certificate or check must have been issued within the last 12 months
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DECLARATION

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

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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PRESCRIBED FEES

\$252.00 application for reinstatement - general register

PLUS

\$732.00 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

REMITTANCE ADVICE

(please circle payment type)

Cheque / Money Order \$.....

MasterCard / Visa \$.....

Card No:

Expiry No: /

CVV Number:

Name on Card:

Signature: Date:



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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:

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 note that we are unable to process applications received electronically.

Please ensure that you have:

- Completed all sections – **page 1**
- Ticked all boxes – **page 1 to 3**
- Attached separate pages if required by question 4, 5, 6, 7 and/or 8 – **pages 2 and 3**
- 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 relevant registering body/bodies – **page 1**
- Attached a *colour* copy of your current photographic identification which has been certified by a person authorised to do so – 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
- Attached an original or certified copy of a National Police Certificate issued within the last 12 months and/or printed copy of International Police Check results issued within the last 12 months – **page 2**