



Application for Full Registration

Issue
Review
Ref number

May 2016
Annually
FR01

APPLICANT DETAILS

Name	Title				Attach signed photograph here.	
	Given name(s)					
	Family name					
Personal details	Date of birth	<input type="text"/>	Gender	<input type="text"/>		
Principal place of residence						
	State or Territory			Postcode	<input type="text"/>	
	Country					
Principal place of work						
	State or Territory			Postcode	<input type="text"/>	
	Would you like your principal place of work address to appear on our website? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Mailing address	Residential address	<input type="text"/>	Work address	<input type="text"/>	Mailing address (below)	<input type="text"/>
	State or Territory			Postcode	<input type="text"/>	
	Country					
Phone numbers	Mobile	<input type="text"/>	Work	<input type="text"/>	Home	<input type="text"/>
Email address	<input type="text"/>					
Qualifications	Degree				Year	<input type="text"/>
	University					
	Country					



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DECLARATION

1. Have you been found guilty in any court of law of any of the following:

(i) An offence under any of the following Acts or any of the regulations under these Acts

a) *Veterinary Practice Act 2003*

Y/N

b) *Prevention of Cruelty to Animals Act 1979*

Y/N

c) *Stock Medicines Act 1989*

Y/N

d) *Stock Diseases Act 1923*

Y/N

e) *Animal Diseases and Animal Pests (Emergency Outbreaks) Act 1991*

Y/N

f) *Poisons and Therapeutic Goods Act 1966*

Y/N

g) *Export Control Act 1982 (Commonwealth)*

Y/N

If yes to any of the above please provide details

(ii) Any other offence under a law of this State or of the Commonwealth, or another State or Territory, that imposes a requirement on a veterinary practitioner in his or her capacity as a veterinary practitioner

Y/N

If yes to the above please provide details

(iii) Any offence under a law of the Commonwealth, or another State or Territory, or of a jurisdiction outside Australia, that may reasonably considered to be equivalent to an offence under (i) or (ii) above

Y/N

If yes to the above please provide details

2. Do you have any physical or mental impairment, disability, condition or disorder that detrimentally affects or is likely to detrimentally affect your capacity to practise veterinary science?

Y/N

If yes to the above please provide details



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3. I declare that:

- A.
 - a) The information provided on this form is true and correct
 - b) I am the person named in this form and in the documents accompanying this application
 - c) There is no current veterinary disciplinary action against me under another jurisdiction
 - d) There is no criminal offence outstanding against me

- B.
 - a) I will pursue the work of my profession with diligence, and
 - b) In practising veterinary science:
 - i. I will promote the welfare of animals, and
 - ii. I will observe the veterinary practitioners code of professional conduct referred to in section 37 of the *Veterinary Practice Act 2003*, and
 - iii. I will maintain a standard of professional knowledge and expertise at a level that is accepted by my professional colleagues who are of good standing, and
 - c) Unless approved by the Board, I will not practise veterinary science if I am aware that I am impaired by a physical or mental illness or disorder that detrimentally affects or is likely to detrimentally affect my capacity to practise.

Signature

Date



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Required documentation The following documents must accompany your application:

- (i) Passport sized photograph
Your passport sized photograph must be signed on the back by you
- (ii) Certified proof of date of birth
Your birth certificate or other evidence such as your drivers licence or passport
- (iii) Certified proof of qualification
Your academic award or testamur including a translation of a non-English degree or other evidence of your qualification approved by the Registrar
- (iv) Payment for Fees
Please see payment information below

In addition, you must request that a **Letter of Professional Standing (LOPS)**, Letter of Good Standing (LOGS) or equivalent be sent **directly from your current or most recent veterinary regulatory authority or Board to the Veterinary Practitioners Board of NSW** if applicable. Unless applying for provisional registration, if you have not practised as a veterinarian since graduation or last registration you must confirm this in a written statement.

Certifying documents A veterinary practitioner registered in Australia is able to certify your documents. For a full list of people authorised to certify documents in Australia and overseas please visit this Australian Government [website](#)
Do not send original documents unless specified. Each and every certified document must:

- (i) Be in English. If original documents are not in English you must provide a certified copy of the original document and translation
- (ii) Be initialled on every page by the authorised officer
- (iii) Be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- (iv) List the name, date of certification and contact number, and position number (if relevant) and the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email etc.). Photocopies of previously certified documents will not be accepted.

Payment details The registration year is 1 July to 30 June. The following fees apply depending upon application date:

1 June to 30 November	\$410.00	<input type="checkbox"/>	Full year registration fee (\$280) plus application fee (\$130)
1 December to 31 May	\$270.00	<input type="checkbox"/>	Half year registration fee (\$140) plus application fee (\$130)

Please make cheques payable to Veterinary Practitioners Board of NSW

Credit Card payment details:

Type of card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard									
Name on card	<input type="text"/>									
Card number	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Expiry date</td> <td><input type="text"/></td> <td>CCV</td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry date	<input type="text"/>	CCV	<input type="text"/>
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