



Veterinary Surgeons' Board



Form 15

VETERINARY SURGEONS' ACT 1960 APPLICATION FOR APPROVAL AS A VETERINARY NURSE

FULL NAME BLOCK CAPITALS:	
Last Name	
Given Name	
AKA if applicable ie pre/post married	
ADDRESS Postal	
	State and Postcode
Main Contact Tel / Mobile Fax Email (please print)	
Available to Public? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Alternate Contact	Tel / Mobile Fax Email
Previous Approval with this Board?	No <input type="checkbox"/> Yes <input type="checkbox"/> Dates
Veterinary Nurse Qualifications Please enclose a copy of certificate <i>This must be certified if from an institution outside WA</i>	
Name of qualification <i>ie Cert IV Veterinary Nursing</i>	
Where obtained <i>ie Swan Polytechnic West / AVT</i>	
Date obtained	
Give name, phone number and occupation of two character references (not a relation of the applicant).	1.
	2.
Have you received treatment for drug addiction during the past twelve months? If 'yes' please give details.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Convictions: Have you been convicted of any offences?*	No <input type="checkbox"/> Yes <input type="checkbox"/>
<i>*You do not need to include details of speeding fines, parking fines or other minor traffic offences such as crossing a red light, but should include details of all other offences including major traffic offences</i>	If 'yes' please give date: Penalty: Attach Statement of Material Fact (obtainable from WA Court)
Have you ever been convicted of any felony, crime, misdemeanour, or indictable offence or an offence, which would be indictable if committed in Western Australia? If 'yes' please give details.	No <input type="checkbox"/> Yes <input type="checkbox"/>

Postal Address: PO Box 1721 Melville South WA 6156

Office: Suite 1, First Floor, Melville Professional Centre, 275 Marmion Street, Melville WA 6156

Telephone: (08) 9317 2353 Facsimile: (08) 9317 2363 Email: admin@vsbwa.org.au Website: www.vsbwa.org.au

Have you at any time in any state, dominion, province or country been : (a) Found guilty of any professional misconduct, or of any unprofessional conduct? If 'yes' please give details.		No <input type="checkbox"/> Yes <input type="checkbox"/>
(b) Subject to any disciplinary action by any body or authority constituted to discipline veterinary nurses? If 'yes' please give details.		No <input type="checkbox"/> Yes <input type="checkbox"/>
(c) Refused registration as a veterinary nurse?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Name & phone number of employer (practice name)		

I enclose \$65 for registration as a veterinary nurse.

Application Fee	\$20
Annual Fee	\$45
TOTAL	\$65

Signature of applicant _____ Date _____

Method of Payment:

Direct Debit **BSB: 066040 Account No: 1980 0005**
Account Name: Veterinary Surgeons' Board

Please identify your payment with your FULL NAME.

Cheque Money Order **DO NOT POST CASH**

Credit Card (**Visa or Mastercard only**) Please fill in details below.

Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXPIRY DATE /

Name on card: _____ Signature of cardholder: _____