



Application for Limited Registration

Issue
Review
Ref number

May 2016
Annually
FR02

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"/>			
	Residential address						
State or Territory				Postcode		<input type="text"/>	
Country							
Principal place of practice							
State or Territory				Postcode	<input type="text"/>		
Would you like your principal place of practice (work) address to appear on our website?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Mailing address	Residential address	<input type="text"/>	Practice address	<input type="text"/>	Mailing address (below)	<input type="text"/>	
	State or Territory					Postcode	<input type="text"/>
	Country						
Phone numbers	Mobile	<input type="text"/>	Business	<input type="text"/>	Home	<input type="text"/>	
Email address	<input type="text"/>						
Qualification	Degree	<input type="text"/>			Year	<input type="text"/>	
	University	<input type="text"/>					
	Country	<input type="text"/>					



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Please specify for what purpose you seek limited registration

Please specify the period you seek limited registration



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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 is likely to detrimentally affect your physical or mental 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

