



Veterinary Surgeons' Board



REGISTRATION AS VETERINARY SURGEON

Western Australia will only register veterinary surgeons with degrees recognised through the Australasian Veterinary Boards Council Inc (AVBC) see www.avbc.asn.au.

Before commencement of work as a veterinary surgeon in WA applicants must apply *in person* (unless prior special arrangements have been made), to the Registrar.

To register you will need:

- Degree, or **certified copy** thereof;
- Form 4 which may be completed before the Registrar in lieu of JP;
- Curriculum Vitae;
- Evidence of continuing professional development ie courses attended / magazines subscribed to etc;
- Photographic identification ie driver's licence / passport or **certified copy** thereof;
- All applicants must arrange for a **Letter of Good Standing** to be sent directly to Veterinary Surgeons' Board of WA from their current registration Board **before the interview takes place and before work is commenced.**
- Appointment to see registrar in person at the Veterinary Surgeons' Board, Melville.
Date _____ Time _____

Registration in WA can be either primary or other. Application fees for all categories is \$110 (except for honorary status which is \$25). The registration categories and fees are as follows:

Primary:

Full surgeon – one year from 1st January to 31st December: \$365 plus application fee = **\$475.**

NB: Fee Pro rata after July 1 \$110 application +\$40 per month.

Other:

Temporary – one to a maximum of three *consecutive* months: \$40 per month plus application fee = **\$150 to \$230.**

Non Resident – maximum three months total annually in multiple journeys: \$180 plus application fee = **\$290.**

Honorary – if approved (40 years service **or** age 65+ years) may undertake acts of veterinary science. \$45 plus application fee = **\$70.**

New Graduate – registration fee reduced to \$110 for 1st year after graduating plus application fee = **\$220.**

Payment: I enclose \$ for registration as a _____ veterinary surgeon.

Direct Deposit **BSB: 066040 Account No: 1980 0005**

Account Name: Veterinary Surgeons' Board.

PLEASE IDENTIFY YOUR DD PAYMENT WITH YOUR NAME.

Cheque Money Order Credit Card **Visa / Mastercard ONLY** Please fill in details below.

No	Card	<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"/>	<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: _____

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



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FORM 4
 VETERINARY SURGEONS ACT 1960
 APPLICATION FOR REGISTRATION AS A VETERINARY SURGEON

FULL NAME BLOCK CAPITALS:	
Last Name	
Given Name	
AKA if applicable ie pre/post married	
ADDRESS PUBLIC ie work address	<i>Section 21(4) of the Act requires all veterinary surgeons to notify the Board immediately of any change of address.</i>
	State and Postcode
ADDRESS PRIVATE ie home address	
	State and Postcode
Main Contact (ie work) Tel / Mobile Fax Email (please print)	Available to Public? Yes <input type="checkbox"/> No <input type="checkbox"/> I would like to participate in ethics committee (VETS only) Yes <input type="checkbox"/> No <input type="checkbox"/>
Alternate Contact (ie home/private)	Tel / Mobile Fax Email
Name of country/state where currently registered	
Previous Registration with this Board?	No <input type="checkbox"/> Yes <input type="checkbox"/> Dates
Veterinary Qualifications	
Primary Veterinary Degree	Degree
Original certificates must be sighted	University Year
Other Qualifications Original certificates must be sighted	Qualification Institute Year
	Qualification Institute Year
Give name, phone number and occupation of two character references (not a relation of the applicant).	1.
	2.
I have/have not received treatment for drug addiction including alcoholism during the past two years. If yes please give details.	Yes <input type="checkbox"/> Please give details
Convictions: I have not / have been convicted of any offences.* If yes please give details. <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>	Yes <input type="checkbox"/> If 'yes' please give date: Penalty: Attach National Police Clearance Certificate

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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? 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 surgeons? Please give details	No <input type="checkbox"/> Yes <input type="checkbox"/>
Name of employer (practice name and phone number if known) Expected dates of employment (temporary registrants)	
Area of Employment – Please tick ONE only Private Practice Psa Small Animal <input type="checkbox"/> Pc Consultancy <input type="checkbox"/> Pla Large Animal <input type="checkbox"/> Po Other <input type="checkbox"/> Pm Mixed <input type="checkbox"/> Pe Equine (equine only) <input type="checkbox"/> Government Service Cgmi Cwealth Meat Inspection <input type="checkbox"/> TR Teaching/Research <input type="checkbox"/> Cgo Cwealth Other <input type="checkbox"/> IND Industry <input type="checkbox"/> Sgag DAFWA (Dept. of Ag) <input type="checkbox"/> OTH Other <input type="checkbox"/> Sgo State Other <input type="checkbox"/>	
Optional Information For research purposes only (not commercial) Year of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	

STATUTORY DECLARATION

I (Insert full name)

Current address

Have you ever been refused registration? No Yes

Has your name ever been removed from the Register (or other similar public document), for disciplinary reasons, in any place outside this State? No Yes

If you have answered YES to either of the above, please give reasons below:

I sincerely declare that the information I have given above is true and correct to the best of my knowledge information and belief. This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

Declared at this day of 20.....

Before me,
 J.P. (or as the case may be) Applicant