



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

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APPLICATION FOR REGISTRATION ON SPECIALIST REGISTER

Please ensure that all sections are completed *in blue ball point pen* and if not applicable, mark N/A.

Applicant Details

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:

General Register Details *(tick boxes where applicable)*

Are you currently registered as a veterinary surgeon in South Australia? Yes No

OR

Are you also applying for registration on the general register? Yes No

Application *(tick boxes where applicable)*

I hereby apply for registration on the specialist register



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1. Nominated Specialty:

2. Qualifications:

3. Years you have you been working in this specialist field (inclusive of training):
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4. How would you describe your current activities in your speciality?

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Referral Practice | <input type="checkbox"/> Teaching | <input type="checkbox"/> Research |
| <input type="checkbox"/> Government | <input type="checkbox"/> Consultancy | <input type="checkbox"/> Other
<i>(please specify)</i> |

5. Are you registered as a veterinary specialist elsewhere? Yes No

Specialist Category:

Year of Registration:

State / Territory / Country:

6. Have you ever been declined registration as a specialist? Yes No

If YES, in what jurisdiction were you declined registration as a specialist and what was the reason?

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