
APPLICATION FOR REINSTATEMENT OF 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:

Place of Employment:

Business Address:

Suburb:..... State:..... Postcode:

(please note that your business address will be recorded on the general register which is accessible to the public)

Postal Address:

Suburb: State: Postcode:

Email:

(please provide personal email address to which only you have access for confidential correspondence)

Phone: *(mobile preferred)*

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 reinstatement on the specialist register



Regulating the veterinary profession
In the public interest

<p>Prescribed Fees</p> <p><input type="checkbox"/> \$275.00 application for registration - specialist register</p> <p><u>PLUS</u></p> <p><input type="checkbox"/> \$394.00 annual practice fee - specialist register</p>
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GST is not payable on prescribed fees

REMITTANCE ADVICE

(please circle payment type)

Cheque / Money Order \$.....

MasterCard / Visa \$.....

Card No: □□□□ □□□□ □□□□ □□□□

Expiry No: □□ / □□ CCV Number: □□□

Name on Card:.....

Signature: Date:

DECLARATION

I,..... declare that the above particulars are true in every respect to the best of my knowledge, information and belief.

Signature: Date:

POST TO: VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA
GPO BOX 11020
ADELAIDE SA 5001

Please note that we are unable to process applications received electronically. It is recommended that you use Australia Post's registered post service with tracking.