



Renewal of Limited Registration Application

Veterinary Practitioner - Limited Registration Section 23

Applicant Details

Given Name(s)

Surname

Residential Address (not PO Box)

Suburb/Town

State

Postcode

Date of Birth

Home Telephone

Mobile

Email

Contact Details which will appear on the Board's website (optional) (these can be work details).

Address

Suburb/Town

State

Postcode

Work Telephone

Fax

Application Details

If your circumstances have changed from your last application, please state them below or write 'no change'

Please state the period in respect of which you seek limited registration (maximum 12 months)

Declaration

I acknowledge that the Board may impose conditions on the granting of limited registration and that the limited registration will expire on the date specified in the certificate of registration or 12 months from the date of registration, whichever occurs first.

I further acknowledge that the Board may cause my name to be removed from the register for breach of a condition or for any other reason.

I apply for renewal of Limited Registration as a veterinary practitioner under Section 23 of the Veterinary Practice Act 2003, of New South Wales. I declare that I will uphold the veterinary practitioners' code of professional conduct, that:

- (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) I will not practise veterinary science if I am impaired from a physical or mental illness or disorder which detrimentally affects or is likely to affect my capacity to practise.

I certify that the information provided on this form is true and correct, and that I am authorised to make this decision. I declare that I am the person named in the documents accompanying this application as set out in the "Required Documentation" section in this form.

Signature

Date

Applicant Checklist
 Fees
Limited Registration Payment Details**Amount Payable \$230 (not subject to GST)**
 Cheque (payable to: "Veterinary Practitioners Board of NSW")

 Credit Card Payment

Name on Card

Card Number

Expiry Date

 /
 Visa Mastercard

Signature

Date