



Application for Limited Registration

Issue
Review
Ref number

May 2018
Annually
FR02

APPLICANT DETAILS

Name

Title

Given name(s)

Family name

Personal details

Date of birth

Gender

Principal place of residence

State or Territory

Postcode

Country

Principal place of work

State or Territory

Postcode

Would you like your principal place of work address to appear on our website?

Yes

No

Mailing address

Residential address

Work address

Mailing address (below)

State or Territory

Postcode

Country

Phone numbers

Mobile

Work

Home

Email address

Qualification

Degree

Year

University

Country



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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*
- b) *Prevention of Cruelty to Animals Act 1979*
- c) *Stock Medicines Act 1989*
- d) *Biosecurity Act 2015*
- e) *Poisons and Therapeutic Goods Act 1966*
- f) *Export Control Act 1982 (Commonwealth)*

Y/N

Y/N

Y/N

Y/N

Y/N

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

