

## **REGISTRANT DETAILS**

Name	Given name(s)														
	Family name	-													
	Registration number	-	NSW V												
Mailing address		[													
	Suburb														
	State or Territory												Pos	stcode	
Phone numbers		-	Mobile					Work				Home			
		-													
Email address															
Date to be remove	ed														
Reason for remov	al														
	Noving interstate														
	М				1oving overseas										
	arental leave														
	Ca				areer break										
			eaving the profession												
			tirement												
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## DECLARATION

- 1. I request the removal of my name from the Register of Veterinary Practitioners in NSW as of the above date
- 2. I understand that if I am not registered in NSW or another Australian State or Territory I must not perform any restricted act of veterinary science in NSW or represent myself to be a veterinary practitioner
- 3. I understand that voluntary removal means that my name may be restored to the Register at a later date without incurring a financial penalty
- 4. I understand that if I have been practising in another jurisdiction I will be required to arrange a letter of professional standing or equivalent to be forwarded directly to the Board from my most recent registration authority should I wish to apply to be restored to the Register
- 5. I understand that if I have not been practising as a veterinarian prior to an application to be restored to the Register the Board may request that I supply evidence of my character and competency to practise

Signature

Date