



Application for Restoration to the Register

Issue Review Ref number May 2018 Annually FR09

APPLICANT DETAILS

Name	Title			
	Given name(s)			
	Family name			

Personal details	Date of birth	<input type="text"/>	Gender	<input type="text"/>
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Principal place of residence			
	State or Territory	Postcode	<input type="text"/>
	Country		

Principal place of work			
	State or Territory	Postcode	<input type="text"/>

Would you like your principal place of work address to appear on our website? Yes No

Mailing address	Residential address	<input type="checkbox"/>	Work address	<input type="checkbox"/>	Mailing address (below)	<input type="checkbox"/>
	State or Territory	Postcode		<input type="text"/>		
	Country					

Phone numbers	Mobile	<input type="text"/>	Work	<input type="text"/>	Home	<input type="text"/>
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Email address	<input type="text"/>
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Qualifications	Degree	<input type="text"/>	Year	<input type="text"/>
	University			
	Country			



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DECLARATION

1. Have you been registered in another jurisdiction either within or outside Australia since being removed from the Register in NSW Y/N

If yes to the above please provide the name of your most recent regulatory authority or registration Board

2. Do you have specialist registration in another jurisdiction within Australia or New Zealand? Y/N

If yes to the above please provide details

3. Returning to practice requirements
Under the Returning to Practice policy adopted by the Board (see website) you may be required to gain additional continuing professional development points and/or work under supervision for up to 12 months if you have been absent from practice.

A. I have been absent from practice Y/N

B. If yes to A. above, how long (in years) were you absent from practice?

C. If yes to A. above please specify the reason you were absent from practice

4. I declare that:
- A.
 - a) The information provided on this form is true and complete
 - 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



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Required documentation

The following documents must accompany your application:

- (i) Payment for Fees
Please see payment information below
- (ii) Annual Return
Please complete an Annual Return for the most recent return period.

In addition, if you have been registered in another jurisdiction whilst not registered in NSW you must request that a **Letter of Professional Standing (LOPS)**, Letter of Good Standing (LOGS) or equivalent be sent **directly from your current or most recent veterinary regulatory authority or Board to the Veterinary Practitioners Board of NSW.**

Payment details

The registration year is 1 July to 30 June. The following fees apply depending upon restoration date and reason for previous removal:

From 1 June	\$300.00	<input type="checkbox"/>	Full year restoration fee \$300.00
From 1 December	\$150.00	<input type="checkbox"/>	Half year restoration fee \$150.00

A penalty fee equal to the full year registration fee will be applied to the above registration fee if you were previously removed from the Register for failure to pay the annual registration fee and/or failure to submit the Annual Return.

Please make cheques payable to Veterinary Practitioners Board of NSW

Credit card payment details:

Type of card Visa MasterCard

Name on card								
Card number					Expiry date		CCV	
Signature						Date		