

Date issued: December 2018

Ref: VP01

Advice to applicants

General

Use this form to apply for first time registration as a veterinary practitioner/specialist in the ACT. Under National Recognition of Veterinary Registration (NRVR) veterinarians who are registered in another Australian state or territory in which they reside have deemed registration in the ACT. Veterinarians from other Australian states and territories should register in the ACT within 3 months of the ACT becoming their primary place of residence.

Consideration of applications by the Board

The ACT Veterinary Practitioners Board (the Board) considers applications at its monthly meeting (usually the last Friday of the month). It is the applicant's responsibility to ensure that their application is correctly completed, accompanied by the necessary supporting documentation, and is received at least 10 days prior to the Board meeting. Applications that are incomplete or do not have the required supporting documentation will not be considered by the Board.

Applicants may request their application be considered by the Board out-of-session. Applicants should allow up to 10 working days for the Board to consider out-of-session applications. An additional fee applies for this service.

In considering applications the Board is bound by the *Veterinary Practice Act 2018* (the Act). The Board will assess the applicant's suitability and grant registration to individuals who meet the criteria established in the Act

Continuous Professional Development (CPD) CPD is a requirement of veterinary registration under the Act, and is designed to ensure practitioners maintain their skills and knowledge to maintain a standard of professional knowledge and expertise at a level that is accepted to their peers. New graduates are exempt from having a keep a record of their CPD for the first 12 months following their graduation.

See the form VP04 CPD Statement and Plan for more information on CPD requirements.

Conditional Registration

After considering an application for registration, the Board may register the applicant unconditionally or with conditions. The Board may impose conditions on a registrant if satisfied on reasonable grounds that it is in the public interest to do so, or if the applicant's registration is subject to conditions in another jurisdiction. If the Board registers an applicant with conditions, these will be notified to the applicant in writing and will appear on the registration database.

Refusal of Registration

The Board may refuse to register an applicant as a veterinary practitioner/specialist if the individual's registration has been suspended or cancelled in another jurisdiction, whether before or after the person applies for registration in the ACT.

Change of details

Applicants must notify the Board in writing within 30 days of a change of information provided in this application. Form *VP03 Notification of Change of Details - Veterinary Practitioner* is to be used to update details held on the Register.

Annual renewal of registration Veterinarians who remain on the ACT Veterinary Practitioner Register are required to renew their registration annually using the <u>Access Canberra Smart Form</u> or the form *VP02 Annual Renewal - Veterinary Practitioner* and pay the prescribed fee outlined in the 'Board Fee Schedule' that is located on the Board website and updated annually.

Applications for renewal should be made between 1 May and 30 June each year. An *out of time* fee applies to renewal applications received by the Board between 1 July and 30 September.

Privacy

Your privacy is important to us. The Board will only retain information about you that is required under the Act to maintain the Register of Veterinary Practitioners or the Register of Veterinary Premises. Credit card details provided with your application will be destroyed after the relevant transaction has been made.

The Act requires elements of the Register to be made available to the public. The Board Secretariat will provide information relating to your employment that would ordinarily be publicly available.



Date issued: December 2018

Ref: VP01

Payment of Registration Fee Fees apply to registration and are outlined in the 'Board Fee Schedule' that is located on the Board website and updated annually.

The registration fee for first time registration is made up of an application fee and the applicable initial registration fee depending if the applicant is requesting to be registered as a veterinary practitioner or a veterinary practitioner specialist (detailed in the Fee Schedule on the Board website).

Payment Options

Payment of the relevant registration fee can be made online by credit card. Following the Board's approval of your application, you will be provided with a link to allow you to process your payment online. Payment must be made in Australian currency and the correct amount must be specified. Once your payment is received, your Certificate of Registration will be prepared and sent to you via email from TCCS.vetboard@act.gov.au

Certifying documents

Supporting documentation will be retained by the Board. Only use certified copies when providing supporting documentation

A veterinary practitioner registered in Australia can certify your documents (please include registration number and relevant jurisdiction). For a full list of people authorised to certify documents in Australia and overseas please visit this Attorney General's website.

Do not send original documents unless specified. Each and every certified document must:

- Be in English. If original documents are not in English you must provide certified copies of the original document and translation by an accredited translator;
- Be initialled on every page by the authorised officer;
- Be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer; and
- Include the name, contact number, position (if relevant) and the stamp or seal of the authorised officer (if relevant) and date of certification.

Other Instructions

Other instructions relating to your application:

- Where a question is not applicable, write 'N/A'.
- If there is insufficient space to complete your answer, please provide the details on a separate sheet of paper, sign and date it, and attach it with your application.
- > The information provided in this application will be used by the Board to determine whether the applicant meets the legislative requirements for registration as a veterinary practitioner or veterinary specialist in the ACT.
- If you need assistance completing this form, please contact the Board Secretariat via email tccs.vetboard@act.gov.au or telephone (02) 6207 0012.

Telephone: (02) 6207 0012

Email: tccs.vetboard@act.gov.au

www.cityservices.act.gov.au/pets-andwildlife/veterinary-practitioners-board

Website:



Date issued: December 2018 Ref: VP01

Required documentation/ submission checklist

The following documents must accompany your submission:

□ Passport sized photograph. Your passport sized photograph must be signed on the back by an authorised person.
 □ Proof of your academic/tertiary/specialist qualification. A certified copy of your academic award or testamur (only applicable if you have not registered before in any Australian jurisdiction).
 □ Documents to meet the Proof of Identity Requirements on page 7.
 In addition, please ensure you have:
 □ Completed all sections of the application.
 □ Correctly certified supporting documents.

if applicable, requested 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 ACT Veterinary Practitioners Board (this requirement applies to applicants who have been previously registered as a veterinarian in another state, territory or country).

Do not submit your application unless all information has been provided and the required supporting documents are available and have been attached to this application.

Submitting your application

Submit your application in one of the following ways:

Signed the declaration on page 8.

Mail:

ACT Registrar ACT Veterinary Practitioners Board GPO Box 158 CANBERRA ACT 2601

<u>Email: TCCS.vetboard@act.gov.au</u> Note: there is a 10MB limit for each email received at this address. You may wish to split up documents that go over this limit into several emails or use a Dropbox. The Secretariat will confirm receipt of your application.

Telephone: (02) 6207 0012
Email: tccs.vetboard@act.gov.au

Website: www.cityservices.act.gov.au/pets-and-wildlife/veterinary-practitioners-board



| Date issued: December 2018 |
|----------------------------|
| Ref: VP01 |

REGISTRATION General Specialist **CATEGORY** Veterinary Veterinary Practitioner Practitioner **APPLICANT DETAILS** Name Title Please provide a recent Given name (s) (within 12 months) passport size photo of yourself with Family name your application. Back of photo must be signed by an Previous name (if applicable) authorised person. Personal details Date of birth Gender Place of birth Country of birth Principal place of residence Street no and name Suburb State or Territory Post code Country Intended place of employment Business name Street no and name Suburb State or Territory Post code Intended start date If you intend to undertake employment at a number of different premises (including locum work), please provide the name of the business where you complete the bulk of your work on this form and attach a list of other businesses on a separate piece of paper and submit with this form. Personal Residential Work address Mailing address mailing address address (use section below) Street no and name Suburb State or Territory Post code Country Phone Mobile Work Home **Email** *Email will be the primary method of contact. We recommend nominating a personal email address. Telephone: (02) 6207 0012

ACT Veterinary Practitioners Board GPO Box 158 CANBERRA ACT 2601

Email: tccs.vetboard@act.gov.au

www.cityservices.act.gov.au/pets-and-Website: wildlife/veterinary-practitioners-board



Degree University

Institution Country

Specialty qualifications

Qualification

Application for Veterinary Practitioner Registration

| Application fo | r Veterinary Practitioner Registration | Date issued: December 20 Ref: VF | - |
|--|--|---|----------|
| | | | |
| | | | |
| | Please attach certified copies of documents that sup | | <u> </u> |
| | riease attach tertineu topies of documents that sup | port your academic quamicat | 1011. |
| | | | |
| | plying for registration as a veterinary specialist (as re . An additional fee applies for registration as a veteri | | |
| Veterinary Boards Council) | | | |
| Veterinary Boards Council) | . An additional fee applies for registration as a veteri | nary specialist. | |
| Veterinary Boards Council) Specialty | . An additional fee applies for registration as a veteri | Date of award | |
| Please ensure that you requivalent to be sent direct | Specialty Registration Number Specialty Registration Number documents that support your specialist qualification uest a Letter of Professional Standing (LOPS), Letter of the support your specialist qualification and the support your specialist qualification and the support your specialist qualification are supported by the support | Date of award Date of award ns. of Good Standing (LOGS) or latory authority or Board to the | |
| e attach certified copies of Please ensure that you requivalent to be sent direct ACT Veterinary Practitione a veterinarian in another st | Specialty Registration Number Specialty Registration Number documents that support your specialist qualification uest a Letter of Professional Standing (LOPS), Letter of the support your specialist qualification and the support your specialist qualification and the support your specialist qualification are supported by the support | Date of award Date of award ns. of Good Standing (LOGS) or latory authority or Board to the | |
| Specialty Se attach certified copies of Please ensure that you req equivalent to be sent direct ACT Veterinary Practitione a veterinarian in another sticable) | Specialty Registration Number Specialty Registration Number documents that support your specialist qualification uest a Letter of Professional Standing (LOPS), Letter of the support your specialist qualification and the support your specialist qualification and the support your specialist qualification are supported by the support | Date of award Date of award Date of award Date of award One of Good Standing (LOGS) or latory authority or Board to the have been previously registered in Australia or | |

Current Registration (if held outside Australia or New Zealand)

Registration History (if applicable)

- Has your registration as a veterinary practitioner/specialist ever been suspended or ca overseas?
- Have you ever been refused registration as a veterinary practitioner/specialist in Austr 2.
- 3. Have you ever had conditions or restrictions placed on your registration as a veterinary practitioner/specialist in Australia or overseas?
- Are you currently subject to an investigation or any regulatory action? 4.

| If yes to any of the above please provide details. | |
|--|--|
| | |
| | |
| | |
| | |

Specific Requirements

| 1. | Do you have any physical or mental impairment, disability, condition or disorder which has impaired, or likely to impair, your efficiency and competence as a veterinary practitioner/specialist? If yes, please provide details of reasonable adjustments to allow you to work efficiently and competently as a veterinary practitioner. | Y/N | |
|----|--|-----|--|
| | | | |

Professional Insurance is mandatory for all veterinary practitioners/specialists in the ACT. Insurance may be obtained as an individual or provided by your employer. Please provide details of your own or intended employer's insurance.

| Insurance Provider | Date of expiry |
|--------------------|----------------|
| | |



Date issued: December 2018 Ref: VP01

| 3. | Have you undertaken Continuing Professional Development activities to maintain your level of competence in the last three years? This requirement applies to applicants who have previously registered as a veterinarian in another state, territory or country. | Y/N |
|----|--|-----|
| | If yes, you are required to maintain a statement of your activities and provide them to the Board each year with your renewa application, or if requested at any time. If no, please provide details below as to how you have maintained your level of comp | |
| 4. | Have you ever been convicted of a criminal or civil offence (excluding traffic offences)? If yes, please provide details below. | Y/N |
| 5. | Have you ever been or are you currently addicted to a substance (including alcohol, a medicine, a prohibited substance or another substance)? If yes, please provide details below. | Y/N |
| | | |
| 6. | In the last five years, have you claimed personal bankruptcy or been involved in the management of a corporation when the corporation was insolvent? If yes, please provide details below. | Y/N |
| | | |
| 7. | Have you been vaccinated against the rabies virus? Your information may be shared with the Department of Agriculture, Fisheries and Forestry on the occasion the AUSTVETPLAN is activated. | Y/N |
| | | |

Telephone: (02) 6207 0012

Email: tccs.vetboard@act.gov.au

Website: www.cityservices.act.gov.au/pets-and-wildlife/veterinary-practitioners-board



| Date issued: December 2018 |
|----------------------------|
| Ref: VP01 |

| Employment His | torv |
|----------------|------|
|----------------|------|

Please provide your employment history for the last five years including details of maternity leave, study or other leave, employment in an unrelated field or locum work. This requirement applies to applicants who have previously registered as a veterinarian in another state, territory or country.

| Employer | State/Country | From (MM/YY) | To (MM/YY) | Position held |
|----------|---------------|--------------|------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If you require more space, please fill out relevant information on a separate piece of paper and attach with your application.

Proof of identity

| Applicants are required to provide 100 points of current identification, as defined by the Financial Transaction Reports |
|--|
| Regulations 1990 (Cth), for general verification. In addition, change of name must be evidenced. This may be established |
| through the inclusion of certified copies of the following documents (totalling 100 points). |
| |

| | Passport (75 points) | Social Security Card (40 points) |
|--|--|---------------------------------------|
| | Birth Certificate (70 points) | Tertiary Education ID (40 points) |
| | Australian Citizenship Certificate (70 points) | Credit or Debit card (25 points) |
| | Australian Driver's Licence (40 points) | Medicare card (25 points) |
| | Public Service Identification (40 points) | Marriage Certificate (change of name) |
| | | |



Date issued: December 2018 Ref: VP01

Declaration

It is is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (See *Criminal Code 2002* pt 3.4).

I declare that:

- 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 or outside Australia.
- d) There is no criminal offence outstanding against me.
- e) I will pursue the work of my profession with diligence.
- f) In practising veterinary science:
 - a. I will promote the welfare of animals, and
 - **b.** I will observe the veterinary practitioners code of professional conduct established under section 42 of the *Veterinary Practice Act 2018*, and
 - c. 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
 - **d.** 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 | |
|-----------|------|--|
| | I | |

Payment details

CANBERRA ACT 2601

Total registration fee to be paid: \$

Following the Board's approval of your application, you will be provided with a link to allow you to process your payment online. Payment must be made in Australian currency and the correct amount must be specified. Once your payment is received, your Certificate of Registration will be prepared and sent to you via email from TCCS.vetboard@act.gov.au

(02) 6207 0012