

New graduate registration application

Veterinary Practitioners Registration Board of Victoria

DATE YOU WANT TO BE REGISTERED IN VICTORIA

| | | | |
|------|---|--------------------------|--|
| Date | | | |
| | NOTE: the earliest you can be registered is the date the Board receives confirmation from either you or the University that you have been awarded your degree. | | |
| | Fast track service if you do not submit your application by the cut-off date for the next scheduled Board meeting | <input type="checkbox"/> | I will pay the <u>extra service fee</u> to have my application processed outside <u>standard timeframes</u> . I understand that the Board cannot guarantee registration by a specified date. |

YOUR PERSONAL INFORMATION

| | | | | | | |
|--------------------------------------|--|---------|----------------|-------|--|----------|
| Title | | Surname | | | | |
| First name | | | Middle name(s) | | | |
| Date of birth | | | Gender | | | |
| Email address | | | | | | |
| Mobile telephone | | | | | | |
| Victorian residential street address | <i>If not yet known, write 'To be advised'</i> | | | | | |
| Suburb / Town | | | | State | | Postcode |
| Mailing address | <i>If different from residential address</i> | | | | | |
| Suburb / Town | | | | State | | Postcode |

YOUR PRACTICE / WORK INFORMATION

| | | | | | | |
|--|--|--|------------|-------|--|----------|
| Type of employment | | | | | | |
| Name of practice/work | <i>If not yet known, write 'No register address'</i> | | | | | |
| Practice street address | | | | | | |
| Suburb / Town | | | | State | | Postcode |
| Work telephone | | | Work email | | | |
| Languages you speak other than English | | | | | | |

YOUR VETERINARY QUALIFICATION

| | | | |
|--------------------------------------|--|------------------|--|
| Australian and New Zealand graduates | | | |
| Degree | | | |
| University | | | |
| Year awarded | | | |
| International graduates | | | |
| Degree | | | |
| University | | | |
| Year awarded | | | |
| NAVLE | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year NAVLE taken | |

SUPPORTING DOCUMENTS SUBMITTED WITH APPLICATION

| | |
|---|---|
| <input type="checkbox"/> | Statutory declaration (page 4) completed and signed by applicant, and witnessed by an authorised person |
| <input type="checkbox"/> | Copy of photographic identification certified by authorised person |
| <input type="checkbox"/> | If applicable, certified change of name documentation. For example, if you are registering under a different name than the name on your documents |
| <input type="checkbox"/> | Copy of degree certified by authorised person. |
| <input type="checkbox"/> | If applicable, copy of other necessary qualification, e.g. NAVLE, NVE |
| <input type="checkbox"/> | Up to date personal resumé (CV) |
| I understand and acknowledge that: | |
| <input type="checkbox"/> | the Board may not accept my application if it is incomplete and/or I do not provide all documents requested by the Board |
| <input type="checkbox"/> | the Board may validate documents provided with this application as evidence of my identity or qualifications |

PAYMENT DETAILS

| | |
|--|---|
| ➔ For security reasons, it is important that you print and handwrite this information | |
| Payment method | <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque/Money order |
| Name on credit card | |
| Credit card number | |
| Expiry date | |
| Signature of card holder | |

PERSONAL INFORMATION PRIVACY

➔ The Veterinary Practitioners Registration Board of Victoria is committed to complying with the Privacy and Data Protection Act 2014. For information about our privacy practices, see our [Privacy and Data Protection Policy](#)

➔ Acknowledgement of collection and use of information

Please read the following statements and complete the acknowledgement below:

- The information I have provided to the Veterinary Practitioners Registration Board of Victoria (the Board) is collected by the Board and/or its delegates to fulfil their functions, duties and powers under the *Veterinary Practice Act 1997* (the Act).
- Under section 16(1) of the Act, the Board must keep a register of all veterinary practitioners to whom the Board has granted registration. This register is known as the Register of Veterinary Practitioners (the Register). My particulars, and those of other veterinary practitioners, are kept on the Register as authorised under section 16(3) of the Act.
- Under sections 16(4) and (5) of the Act, the Register can be inspected at the office of the Board by any person during ordinary office hours, and a person may obtain a copy of or an extract from the Register.
- Under section 16(7) of the Act, the Board may give Register particulars to an interstate veterinary registration authority for the purposes of enabling that authority to administer or execute the law under which that authority confers or grants a right to carry on or engage in veterinary practice.
- the Board will give my particulars from the public Register to the Australasian Veterinary Boards Council Inc. for the purposes of maintaining an electronic National Database of registered veterinary practitioners.
- Extracts from the public Register can be viewed on the Board's website on the [Search for a vet page](#).

➔ Consent to use and disclosure of information

I consent to:

- the Board collecting and using my personal information in accordance with the Board's [Privacy and Data Protection Policy](#)
- [If you have given the Board information about languages others than English that you speak]:* I consent to the Board making public the information I have provided about the languages other than English that I speak.

PLEASE PRINT AND COMPLETE THE STATUTORY DECLARATION ON THE NEXT PAGE

STATUTORY DECLARATION

➔ You must sign and complete the following declaration in front of an authorised person. You will find a list of authorised persons in [section 107A of the Evidence \(Miscellaneous Provisions\) Act 1958 Victoria](#). If you are in another country, any person or agency recognised by the law of that country as being able to certify documents should be able to witness the statutory declaration, e.g. a notary public.

If you cannot declare that a statement below is true and correct, do not tick the relevant statement. Explain why you have not ticked it in the 'Additional statement' field below.

I declare:

- I am the person named in this application and the information that I have provided to support my application is true and correct.
- In the past 12 months, I have **NOT** been found guilty of any academic or professional misconduct, or any unprofessional conduct.
- In the past 12 months, I have **NOT** been subject to any disciplinary actions or proceedings (including any preliminary investigation or action that might lead to disciplinary proceedings) by any authority or body constituted to discipline veterinary surgeons/practitioners.
- In the past 10 years, I have **NOT** been found guilty of an indictable offence in Victoria or an equivalent offence in another jurisdiction.
- I have **NEVER** had my registration cancelled or suspended.
- I have **NOT** had any special conditions placed on my registration in another jurisdiction.
- I do **NOT** have a physical or mental impairment, or a substance dependency (e.g. on alcohol or drugs), which would affect my ability to practise as a registered veterinary practitioner.
- I am fit to practise as a registered veterinary practitioner.
- If I am registered as a veterinary practitioner in Victoria, I will comply with the provisions of the [Veterinary Practice Act 1997](#) and I will observe the minimum standards set out in the [Board's Guidelines](#).

Additional statement Explain here why you have not ticked any items and give extra information about those items, e.g. the outcome of disciplinary proceedings or a court case. If you need more space, attach a separate statement.

I *Full name of applicant*

of *Residential address of applicant*

acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Signature

Declared at *Address of place where declared*

on *Date, e.g. 1 January 2017*

before me,

Signature of authorised witness

Print name *Full name of authorised witness*

Address

Status of authorised witness

Checklist

- I have completed all relevant sections of this form.
- I have attached all supporting documents, e.g. certified copy of degree certificate (if issued), certified copy of current photographic ID, personal resume
- I have attached a completed statutory declaration signed by me and an authorised witness.

How to return this form

You can return the completed and signed form by:

Email communications@vetboard.vic.gov.au
Post to Veterinary Practitioners Registration Board of Victoria
 Level 11, 470 Collins Street
 Melbourne VIC 3000

Next steps

After you submit your application:

1. We will check your information and documents to see if you qualify for registration. We may contact you if we need more information or documents from you.
2. If you qualify for registration and we do not need more information from you, we will email you to confirm we have received your application and tell you when the Board will be deciding on your registration.

Note to Australian students who have not been awarded their degree so cannot provide a degree certificate:

Before the Board can grant you registration, it must be satisfied that you have been formally awarded your degree by your university, not just completed your studies. While you can submit your application before you graduate, you can only be registered after we receive proof that you have been awarded your degree.

The Board asks Australian veterinary schools to email a list of graduates as soon as possible after the date degrees are awarded or conferred. We will accept these lists as proof that degrees have been awarded and will be able to grant registration to the graduates whose names appear on these lists even if they cannot immediately send a degree certificate to the Board.

Feedback on this form

This is a new form and we would like your feedback on how easy it was to complete. Please circle a number in the scale below, with 1 meaning easy and 5 meaning difficult.

EASY

1

–

2

–

3

–

4

–

5

DIFFICULT

We welcome your comments or suggestions here:
