

Registration renewal 2017-2018

Veterinary Practitioners Registration Board of Victoria



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

Do you have a question about completing this form?

Call 03 9620 7444 during business hours

SECTION 1 – COMPLETE YOUR INFORMATION

➔ Please complete the fields below. Leave fields blank if appropriate, e.g. if you do not have an email address. If you do not have a mobile telephone, write your landline telephone number.

Registration number	V
Full name	Dr
Email address	
Mobile telephone	
Residential address	
Current mailing address	<i>If same as residential, write 'As above'</i>
Primary field of practice	
Practice name	
Practice address	
Practice phone	

SECTION 2 – COLLECTION USE AND DISCLOSURE OF INFORMATION

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](#) (if you cannot access it through our website we can send you a copy).

➔ 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.
- Extracts from the Register can be viewed on the Board's website on the [Search for a vet page](#).

I understand and acknowledge the information in the above statements.

➔ Consent to use and disclosure of information

The Board requires your consent to disclose your particulars from the Register of Veterinary Practitioners [Victoria] to the Australasian Veterinary Boards Council Inc. (AVBC) for the purposes of maintaining an electronic national database of registered veterinary practitioners.

I consent to the Board giving my particulars from the Register of Veterinary Practitioners to the AVBC.

Complete the following consent item if you have given the Board information about languages other 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.

SECTION 3 – DECLARATION

➔ If you cannot declare that a statement below is true and correct, do not tick the relevant statement. In the 'Additional statement' field below, explain why you have not ticked the item and give other relevant information.

DECLARATION FOR GENERAL REGISTRANTS

I declare:

- In the past 12 months, I have not been found guilty of any professional misconduct or any unprofessional conduct.
- I am not subject to any disciplinary proceedings (including preliminary investigation) by any body or authority constituted to discipline veterinary practitioners.
- I have not had my registration cancelled or suspended.
- I have not been found guilty of an indictable offence in Victoria or an equivalent offence in another jurisdiction within the last 10 years.
- I do not have any special conditions placed on a registration in another jurisdiction.
- I am fit to practise as a registered veterinary practitioner.
- I do not have a physical or mental impairment, or a substance dependency (e.g. on alcohol or drugs), that significantly impairs my ability to practise as a registered veterinary practitioner.

<input type="checkbox"/>	I will comply with the provisions of the <u>Veterinary Practice Act 1997</u> and I will observe the minimum standards set out in the <u>Board's Guidelines</u> .
<input type="checkbox"/>	I will practise within my areas of competence and be mindful of my limitations.
<input type="checkbox"/>	I have fulfilled my professional obligations relating to CPD (<u>Guideline 13</u>).
<input type="checkbox"/>	I acknowledge that these declarations are true and correct, and I make them with the understanding and belief that a person who makes false declarations is liable to the penalties of perjury.
	Signature:

Additional statement *Explain here why you have not ticked any items and give extra information about those items, e.g. the outcome of any disciplinary proceedings or court case; the actions you are taking to make sure you are practising within the areas of your competence if you have not fulfilled your CPD obligations.*

If you need more space, attach a separate statement.

DECLARATION FOR NON-PRACTISING REGISTRANTS

I declare that I will comply with the conditions of non-practising registration as follows:

- I will not carry out veterinary procedures in Victoria
- I will not provide veterinary services (including to my own animals) in Victoria
- I will not purchase, possess or supply scheduled drugs under the *Drugs, Poisons and Controlled Substances Act 1981* (Vic), and
- I will not exercise authority requiring registration as a veterinary practitioner in Victoria.

<input type="checkbox"/>	I 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:

SECTION 4 – PAYMENT INFORMATION

➔ For your security, please print and **handwrite** this information.

Amount	Tick the fees that apply: <input type="checkbox"/> \$360 for general registration <input type="checkbox"/> \$100 for non-practising registration <input type="checkbox"/> \$180 late fee if you are returning this form after 30 June 2017 Total: \$		
Payment method, <i>e.g. VISA card</i>			
Credit card number		Expiry date	
Name of card holder			
Signature of card holder			