

SOUTH AFRICAN VETERINARY COUNCIL

APPLICATION FOR REGISTRATION TO PRACTISE A PARA-VETERINARY OCCUPATION

THIS FORM IS TO BE SUBMITTED PER SURFACE MAIL A FAXED COPY IS NOT ACCEPTABLE

Physical Address: 874 Church Street, Lisdogan Park, Arcadia, 0083 Postal Address: P O Box 40510, Arcadia, 0007
 Tel: +27 (0)12 342 1612 Fax: +27 (0) 12 342 4354 E-mail: registration@savc.org.za Website: www.savc.org.za

PLEASE NOTE: A certified copy of the degree certificate, diploma or other certificate must accompany the application form together with the applicable monies. Cheques, postal orders or money orders must be crossed and made out to the South African Veterinary Council or alternatively be paid into our bank account (ABSA Hatfield Branch, Acc. No. 020166762, Branch Code 335 545). **Please complete this form in block letters.**

1. **Type of registration required (Please mark applicable block with X): Please note that the fees listed apply for the period 1 April 2009 to 31 March 2010.**

to practise as a VETERINARY NURSE	R 342.00
to practise as a VETERINARY TECHNOLOGIST	R 342.00
to practise as a LABORATORY ANIMAL TECHNOLOGIST	R 342.00
to practise as an ANIMAL HEALTH TECHNICIAN	R 342.00
Re-Registration of a person previously removed from the register (Para-Veterinarian)	R 1 508.00
Inscription of another qualification into the register (per qualification)	R 118.00
to practise as a PARA-VETERINARY PROFESSIONAL COMPETENCE SPECIFIC REGISTRATION	R503.00

2. If application refers to COMPETENCE SPECIFIC REGISTRATION state:

Area of competence: _____

Specific scope of practice: _____

Specific employer: _____

3. Surname: _____

4. I.D.No:(Or date of Birth): _____

5. First Names: _____

6. Addresses: _____

POSTAL	RESIDENTIAL
Postal Code: _____	Postal Code: _____

7. Tel: _____ (Office) _____ (Home)

Fax: _____ Cell no: _____ E-mail: _____

8. Post matric educational qualifications obtained (excluding post-graduate qualifications) **and certified copies attached:**

9. _____

10. **copies attached:**

Degree / Diploma / Certificate	Name of University / Training Centre	Date Obtained

10. Name and postal address of Employer (only in the case of para-veterinary occupation): _____

11. Money Enclosed: R _____ **If paid into bank account, attach electronic transfer page or deposit slip. Please use your Surname, Initials and reason for payment at the time of making the payment.**

***"Have you been prosecuted / convicted of a criminal offence or been dismissed from employment.
 Yes No If so furnish the particulars"***

I declare that the above information is true and correct and that I have never been discharged from a position of trust because of improper conduct and that I have never been convicted of blackmail, bribery, theft, fraud, forgery or the uttering of a forged document or perjury and been sentenced to imprisonment without the option of a fine.

ANY DISHONESTY IN THE COMPLETION OF THIS FORM WILL BE CONSIDERED A SERIOUS OFFENCE

SIGNATURE

DATE

FOR OFFICE USE ONLY: _____