**APPLICATION FORM**

SAVC REGISTRATION EXAMINATION

VETERINARY NURSES – 2018

PO Box 60114, Pierre van Ryneveld, 0045  Tel: 0027 (0)12 345 6360

[COMPLETE THE FORM IN BLOCK LETTERS]

1. **Have you previously sat the Full Registration Examination/s?**  
   YES/NO  
   If YES, supply year/s:

2. **Are you currently working in South Africa?**  
   YES/NO  
   If YES, supply authorisation number:

3. **Surname/Family name**

4. **First name/s**

5. **Identification/Passport number**

6. **Nationality**

7. **Date of birth**

8. **Cell number in South Africa**

9. **Cell number abroad**

10. **E-mail addresses**  
    [Please provide all e-mail addresses]

11. **Postal address**

12. **Contact numbers**  
    [Please provide all contact numbers. The SAVC Administration should be able to contact applicants/candidates following applications and prior to examinations.]

13. **Fax number**

14. **Secondary schooling and Tertiary Education with Qualifications obtained**  
    (Diploma/Degree)  
    (Excluding Post-graduate qualifications)

14.1 **Institution/University**

14.2 **Date/s obtained**

15. **Post-Graduate Qualifications obtained (Diploma/Degree)**

15.1 **Institution/University**

15.2 **Date/s obtained**

16. **Fees (For Admin only)**

16.1 **Administration fee and Examination fee**  
    [Proof of payment enclosed]  
    R
I __________________________ hereby declare that I accept and understand the examination rules for the year in which I intend to sit the examination.

I confirm that I have familiarised myself with the SAVC examination documents (A – H).

I also accept that registration for the examination does not automatically give me authority to practice as a veterinary nurse until I pass the examination.

Signed ___________________________  Date ___________________________

Thus, signed and sworn before me at _______________ on this the _______ day of ______________ 20____, the deponent having acknowledged that s/he knows and understands the contents of this affidavit, has no objection to taking the prescribed oath and considers it binding on her/his conscience.

Commissioner of Oaths

[NOTE: Any dishonesty in completion of this form will be regarded as serious.]

[Doc A – VET NURSES: FEB 2018]