

**APPLICATION FOR REGISTRATION TO PRACTISE A PARA-VETERINARY OCCUPATION:  
VETERINARY PHYSIOTHERAPIST**

**PLEASE NOTE: THIS FORM MUST BE SENT WITH THE FOLLOWING DOCUMENTATION**

- Certified copy of your identity document/passport,
- Certified copy of qualification/s
- Proof of payment for the application fee. (Use your initial and surname as payment reference)  
**Crossed cheques or EFT must be paid into the South African Veterinary Council bank account:  
ABSA, Hatfield Branch (Branch Code 335 545), Account No. 020166762.**

**THIS FORM AND SUPPORTING DOCUMENTS AS LISTED ABOVE MUST BE E-MAILED TO: [student.registration@savc.org.za](mailto:student.registration@savc.org.za)**

**A. TYPE OF REGISTRATION REQUIRED** (please mark applicable block with X):

to practise as a <b>Veterinary Physiotherapist</b>	<b>R811</b>	
to practise as a <b>Competence Specific [CSR] Or Restricted Veterinary Physiotherapist</b>	<b>R811</b>	

**ONLY APPLICABLE TO COMPETENCE SPECIFIC [CSR] OR RESTRICTED REGISTRATION – PLEASE SPECIFY:**

AREA OF COMPETENCE	
SPECIFIC SCOPE OF PRACTICE	
SPECIFIC EMPLOYER	

**B. PERSONAL DETAILS**

FULL NAMES AND SURNAME [AS PER ID]			
DATE OF BIRTH			
ID OR PASSPORT NO.			
NATIONALITY		HOME LANGUAGE	
GENDER		RACE	
CELL NO.		EMAIL ADDRESS	
RESIDENTIAL ADDRESS		POSTAL ADDRESS (if different from postal address)	

**C. QUALIFICATIONS OBTAINED AND CERTIFIED COPIES ATTACHED:**

QUALIFICATION OBTAINED:	NAME OF UNIVERSITY / INSTITUTION	DATE OBTAINED
1.		
2.		
3.		

**D. EMPLOYMENT DETAILS:**

NAME OF EMPLOYER / FACILITY	
EMPLOYMENT SECTOR	
PHYSICAL ADDRESS	
OFFICE NUMBER	
WORK EMAIL (If different from personal email)	

**E. PROOF OF PAYMENT ENCLOSED:** R\_\_\_\_\_.

Please attach copy of electronic transfer page or deposit slip. Please use your Surname & Initials as payment reference.

**F. DECLARATION**

a) Have you been prosecuted / convicted of a criminal offence?

Yes \_\_\_\_\_ No \_\_\_\_\_. If YES, please furnish the particulars \_\_\_\_\_

b) Have you been dismissed from employment?

Yes \_\_\_\_\_ No \_\_\_\_\_. If YES, please 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