AWA's: CHECKLIST FOR THE APPROVAL OF APPLICATIONS

PLEASE NOTE THAT:
If all requirements for the application are not met and/or included with the application then the application will not be processed, but will be returned and be regarded as invalid. This form was prepared for easy reference to the requirements for application. The form must be completed and it must be ensured that all relevant documents are included with the application.

Send to:
All SPCA branches: The Manager: NSPCA, P O Box 1320, Alberton, 1450 Fax: (011) 907 4013
All other Animal Welfare Organisations:
The Registrar, SAVC, P O Box 40510, Arcadia, 0007 Fax: (012) 342 4354 Email: authorise@savc.org.za

Number of Pages: __________________________________________

AWA /APPLICANT NAME: _______________________________________

ANIMAL WELFARE ORGANISATION: ________________________________

ANIMAL WELFARE ORG. MANAGER: ____________________________________

Applying on behalf of the AWA

Veterinarian under whose supervision / direction the applicant will be working: ____________________________________________

Name of Registered Facility of supervising / directing veterinarian: ________________________________________________

Registration number of facility: _______________________________________

Name of veterinarian who performed assessment: _________________________ YES

1. The AWO is a non profit organisation with a fund raising number

   NUMBER: ____________________________

2. The AWO constitution is included
   N/A if SPCA or already submitted to the SAVC

3. AWA was assessed on all procedures 1.1-1.6

   Signed assessment form attached (Form D) to be completed by controlling and assessor veterinarians

   (Re-evaluation (assessment) of the competence of AWAs need not be conducted when an AWA change employer (AWO) within the three year period of authorization.)

4. Proof of payment of the assessment fee to the assessor as determined by the SAVC

5. List the procedures that the applicant will routinely perform including the species on which procedure/s will be performed:

6. List of scheduled medicines that will be used and reasons for use to be attached by supervising / controlling veterinarian. (Refer to the Guideline for the use of Medicines)

6. Letter (Form C) from the supervising / directing veterinarian is attached.
7. **Certified copy** of the MCC permit to keep scheduled Medicines (if applicable) is attached. *(Only where there is NO veterinarian involved)*

8. Copy of an advertisement (SAVC Newsletter/ relevant publication) for para-veterinary target groups (not older than 6 months) *(Refer to the Advertising Guidelines)*

9. Proof that a para-veterinary professional could not be employed

10. Motivation for the need to use an AWA specifying the area and details of exact location

11. Written support from at least two veterinary private practitioners in the same area

12. Written support from the State Veterinary services responsible for the area

13. Payment of the authorisation fee determined by the SAVC

14. Motivation to work in a wider geographical area, where applicable *(refer to the guideline A document)*

15. Signed:

Manager: ____________________

Supervising / directing veterinarian: ____________________

Date: ____________________