



Veterinary Surgeons' Board



Form 3.1 Equine Dentistry APPLICATION FOR AUTHORISATION

FULL NAME BLOCK CAPITALS:	
Last Name	
Given Name	
ADDRESS	
	State and Postcode
Main Contact (ie work) Tel / Mobile Fax Email (please print)	
Previous authorisation with this Board?	No <input type="checkbox"/> Yes <input type="checkbox"/> Dates
Veterinary Board authorisation is requested for the following area – Equine dentistry <i>Please give details of exactly what you wish to do:</i>	
Give name, phone number and occupation of two character references (not a relation of the applicant).	1.
	2.

Postal Address: PO Box 1721 Melville South WA 6156

Office: Suite 1, First Floor, Melville Professional Centre, 275 Marmion Street, Melville WA 6156

Telephone: (08) 9317 2353 Facsimile: (08) 9317 2363 Email: admin@vsbwa.org.au Website: www.vsbwa.org.au

<p>Have you received treatment for drug addiction including alcoholism during the past two years? If yes please give details.</p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details.</p>
<p>Convictions: Have you been convicted of any offences?* If yes please give details. <i>*You do not need to include details of speeding fines, parking fines or other minor traffic offences such as crossing a red light, but should include details of all other offences including major traffic offences.</i></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details.</p>

Under the Veterinary Surgeons Act 1960, all persons authorised by the Board to perform specific acts of veterinary surgery MUST work “*under the direction of a registered veterinary surgeon*”.
Please state name, address and contact details of directing veterinary surgeon:

Name:
Address:
Phone:

Please state how long and how well you have known and worked with the above named veterinary surgeon.

Please attach the following:

- Photographic ID (ie copy driver's licence/passport)

Please submit evidence of experience / qualification in the field in which you are seeking authorisation:

Please state why you are applying for authorisation and why you think this service is required.

Give as much detail as possible. This information is for the Board's records and will not affect the outcome of the application.

STATUTORY DECLARATION

I (insert full name).....

Current address

sincerely declare that the information I have given above is true and correct to the best of my knowledge, information and belief.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

Declared at this day of20.....

Before me .

..... J.P. (or as the case may be)

.....Applicant's signature

I enclose the following non-refundable fee for registration as an Authorised Person.

Commercial applicants: Application fee \$400 (1st time only) **plus** renewal fee \$200
(Total \$600 initially; subsequent renewal \$200)

Non-profit or community service applicants: Application fee \$120 (1st time only) **plus**
renewal fee \$120 (Total \$240 initially; subsequent renewal \$120)

Signature of applicant _____ **Date** _____

Method of Payment:

Direct Deposit BSB: 066040 Acct No: 1980 0005 Acct Name: Veterinary Surgeons' Board

Please identify your payment with your FULL NAME.

Cheque **Money Order** ****PLEASE DO NOT POST CASH****

Credit Card (Visa or Mastercard only) *Please fill in details below.*

Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

EXPIRY DATE /

Name on card: _____ Signature of cardholder: _____