

APPLICATION FORM
SAVC REGISTRATION EXAMINATION
VETERINARY NURSES - 2017

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 authorised by the SAVC to work 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 <i>[Please provide all e-mail addresses]</i>	
11. Postal address	
12. Contact numbers <i>[Please provide all contact numbers. The SAVC Administration should be able to contact applicants/candidates following applications and prior to examinations.]</i>	
13. Fax number	
14. Secondary schooling and Tertiary Education with Qualifications obtained (Diploma/Degree) <i>(Excluding Post-graduate qualifications)</i>	
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 16.2 Examination fee <i>[Proof of payment enclosed]</i>	R

I _____ hereby declare that I accept and understand the examination rules for the year in which I intend to sit the examination. 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 2017]