

**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]

<b>1. Have you previously sat the Full Registration Examination/s?</b>	YES/NO If YES, supply year/s:
<b>2. Are you currently working in South Africa?</b>	YES/NO If YES, supply authorisation number:
<b>3. Surname/Family name</b>	
<b>4. First name/s</b>	
<b>5. Identification/Passport number</b>	
<b>6. Nationality</b>	
<b>7. Date of birth</b>	
<b>8. Cell number in South Africa</b>	
<b>9. Cell number abroad</b>	
<b>10. E-mail addresses</b> <i>[Please provide all e-mail addresses]</i>	
<b>11. Postal address</b>	
<b>12. Contact numbers</b> <i>[Please provide all contact numbers. The SAVC Administration should be able to contact applicants/candidates following applications and prior to examinations.]</i>	
<b>13. Fax number</b>	
<b>14. Secondary schooling and Tertiary Education with Qualifications obtained (Diploma/Degree)</b> <i>(Excluding Post-graduate qualifications)</i>	
<b>14.1 Institution/University</b>	
<b>14.2 Date/s obtained</b>	
<b>15. Post-Graduate Qualifications obtained (Diploma/Degree)</b>	
<b>15.1 Institution/University</b>	
<b>15.2 Date/s obtained</b>	
<b>16. Fees (For Admin only)</b>	
<b>16.1 Administration fee and 16.2 Examination fee</b> <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 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 \_\_\_\_\_ 201\_\_\_\_, 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]