

**APPLICATION FOR REGISTRATION TO PRACTISE A VETERINARY OR PARA-VETERINARY
 PROFESSION IN TERMS OF SECTION 23(1)(C) - 1 APRIL 2019 TO 31 MARCH 2020**

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

- Certified copy of your identity document/passport,
 - Certified copy of qualification/s, i.e. degree, diploma or certificate
 - All supporting documents as required in the policy document/ checklist
 - Proof of payment for the application fee. (Use your initial and surname as payment reference please)
- 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.**

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS AND SUBMIT BY E-MAIL TO authorise@savc.org.za

1. Please tick the type of authorisation required (Please mark applicable block with X):

To render services performed by a <u>VETERINARIAN</u> Under special conditions (period & employment stipulated by Council)	R4 234.00
To render services performed by a Veterinarian as <u>RESEARCHER Categories A-E</u> (period & employment stipulated by Council)	R1 411.00
To render services performed by a Veterinarian as <u>RESEARCHER Category F</u> (period & employment stipulated by Council)	R4 234.00
To render services performed by a <u>PARA-VETERINARIAN</u> Under special conditions (time period & employment stipulated by Council)	R1 296.00
To render services performed by a Para-Veterinarian as <u>RESEARCHER Categories A-E</u> Under special conditions (time period & employment stipulated by Council)	R 432.00
To render services performed by a Para-Veterinarian as <u>RESEARCHER Category F</u> Under special conditions (time period & employment stipulated by Council)	R1 296.00
To render services as an <u>ANIMAL WELFARE ASSISTANT</u> Under special conditions (time period & employment stipulated by Council)	R1 296.00

2. Surname: _____

3. Full Names: _____

4. Date of Birth: _____

5. I.D. or Passport Number: _____

6. Tel: (Office) _____ (Home) _____

Cell: _____ Email: _____

7. Address:

POSTAL ADDRESS	RESIDENTIAL ADDRESS
Code:	

EMPLOYER DETAILS:

8. Employer: _____

9. Employment Sector: _____

10. Office Tel: _____ Fax: _____

E-mail: _____

11. Address:

POSTAL ADDRESS	PHYSICAL ADDRESS
Code:	

12. Post matric qualifications and Post- Graduate qualifications obtained :

Degree / Diploma / Certificate	Name of University / Training Centre	Date Obtained

13. Money Enclosed: R_____. If paid into bank account, attach electronic transfer page or deposit slip. Please use your Surname, Initials and reason for payment at the time of making the payment.

14. Declaration by employee:

“Have you been prosecuted / convicted of a criminal offence or been dismissed from employment. Yes _____ No _____ If so 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 COMPLETION OF THIS FORM WILL BE CONSIDERED A SERIOUS OFFENCE.

SIGNATURE _____

DATE _____