

**APPLICATION FOR RE-REGISTRATION TO PRACTISE A
VETERINARIAN AND/OR VETERINARY SPECIALIST PROFESSION
[AFTER A PERIOD OF THREE YEARS LAPSED]**

You have been removed from the SAVC register for more than 3 years and/or failed to re-register after three years lapsed, your application must serve at the Registration and Authorisation Committee for a decision.

PLEASE NOTE: THIS FORM MUST BE SENT WITH THE FOLLOWING DOCUMENTATION TO SUPPORT THE APPLICATION FOR RE-REGISTRATION AFTER 3 YEARS LAPSED:

- i. Application form must be completed and signed;
 - ii. Certified copies of your ID document / Passport;
 - iii. Comprehensive Curriculum Vitae indicating employment history, experience/expertise gained and current job profile;
 - iv. Motivation letter indicating reasons why you did not re-register after you have been de-registered; and
 - v. Proof how you kept abreast the profession during the period of de-registration i.e. attendance of Continuing Professional Development activities and events and attach certificates.
- The required documentation as listed above should e-mailed to Ms Eleanor Mabuza at email: registration@savc.org.za.
 - Applications received will be assessed and reviewed by the Registration and Authorisation Committee for deliberation.
 - Incomplete applications and applications will not be processed.

A. TYPE OF REGISTRATION REQUIRED (please mark applicable block with X):

RE-REGISTRATION to practise as a VETERINARIAN OR VETERINARY SPECIALIST	R7 929	
RE-REGISTRATION to practise as a VETERINARIAN – COMPETENCE SPECIFIC [CSR] OR RESTRICTED REGISTRATION	R7 929	
<i>[After being removed from the register for a period of less than [3] three-years lapsed]</i>		

B. PERSONAL DETAILS

FULL NAMES AND SURNAME [AS PER ID]			
DATE OF BIRTH			
ID OR PASSPORT NO.			
NATIONALITY		HOME LANGUAGE	
GENDER		RACE	
CELL NO.		EMAIL ADDRESS	
RESIDENTIAL ADDRESS		POSTAL ADDRESS (If different from postal address)	

C. POST MATRIC QUALIFICATIONS OBTAINED AND CERTIFIED COPIES ATTACHED:

QUALIFICATION OBTAINED:	NAME OF UNIVERSITY / INSTITUTION	DATE OBTAINED
1.		
2.		
3.		

D. ONLY APPLICABLE FOR VETERINARY SPECIALIST REGISTRATION

PLEASE SPECIFY SPECIALITY	
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E. ONLY APPLICABLE TO COMPETENCE SPECIFIC [CSR] OR RESTRICTED REGISTRATION – PLEASE SPECIFY:

AREA OF COMPETENCE	
SPECIFIC SCOPE OF PRACTICE	
SPECIFIC EMPLOYER	

F. EMPLOYMENT DETAILS:

NAME OF EMPLOYER / FACILITY	
EMPLOYMENT SECTOR	
PHYSICAL ADDRESS	
OFFICE NUMBER	
WORK EMAIL (If different from personal email)	

G. DECLARATION

a) Have you been prosecuted / convicted of a criminal offence?

Yes _____ No _____. If YES, please furnish the particulars _____

b) Have you been dismissed from employment?

Yes _____ No _____. If YES, please 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 THE COMPLETION OF THIS FORM WILL BE CONSIDERED A SERIOUS OFFENCE

SIGNATURE

DATE