

**APPLICATION FOR RE-REGISTRATION TO PRACTISE A
PARA-VETERINARY PROFESSION – VETERINARY TECHNOLOGIST
[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 VETERINARY TECHNOLOGIST | R3 172 | |
| RE-REGISTRATION to practise as a VETERINARY TECHNOLOGIST – COMPETENCE SPECIFIC [CSR] OR RESTRICTED REGISTRATION | R3 172 | |
| <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 TO COMPETENCE SPECIFIC [CSR] OR RESTRICTED REGISTRATION – PLEASE SPECIFY:

| | |
|-----------------------------------|--|
| AREA OF COMPETENCE | |
| SPECIFIC SCOPE OF PRACTICE | |
| SPECIFIC EMPLOYER | |

E. EMPLOYMENT DETAILS:

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

F. 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