

**APPLICATION FOR RE-REGISTRATION TO PRACTISE A  
PARA-VETERINARY PROFESSION – LABORATORY ANIMAL TECHNOLOGIST (LATs)  
[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](mailto: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 LABORATORY ANIMAL TECHNOLOGIST (LATs)	R3 172	
RE-REGISTRATION to practise as a LABORATORY ANIMAL TECHNOLOGIST (LATs) - 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**

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

**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:**

<b>AREA OF COMPETENCE</b>	
<b>SPECIFIC SCOPE OF PRACTICE</b>	
<b>SPECIFIC EMPLOYER</b>	

**E. EMPLOYMENT DETAILS:**

<b>NAME OF EMPLOYER / FACILITY</b>	
<b>EMPLOYMENT SECTOR</b>	
<b>PHYSICAL ADDRESS</b>	

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 \_\_\_\_\_

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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**

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**SIGNATURE**

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**DATE**