

APPLICATION FOR AUTHORISATION TO PRACTISE A VETERINARY OR PARA-VETERINARY PROFESSION IN TERMS OF SECTION 23(1)(C)
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Application for authorisation cannot be considered unless submitted by the prospective employer or Academic institute.

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

- Certified copy of your identity document/passport,
- Certified copy of qualification/s
- Proof of payment for the application fee. (Use your initial and surname as payment reference)
**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.**

THIS FORM AND SUPPORTING DOCUMENTS AS LISTED ABOVE TOGETHER WITH THIS COMPLETED CHECKLIST MUST BE ADDRESSED TO:

Ms Talita Coetzee at Email: authorise@savc.org.za.

A. TYPE OF AUTHORISATION APPLIED FOR (please mark applicable block with X):

To render services performed by a VETERINARIAN						R4 404	
To render services performed by a PARA-VETERINARY PROFESSION [PLEASE SPECIFY PARA-PROFESSION APPLYING FOR]						R1 348	
To render services performed by a VETERINARY PROFESSION FOR RESEARCHERS / SCIENTIFIC PURPOSES [PLEASE APPLICABLE BOX BELOW]							
CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D	CATEGORY E	CATEGORY F		
R 1 468	R 1 468	R 1 468	R 1 468	R 1 468	R4 404		
To render services performed by a PARA- VETERINARY PROFESSION FOR RESEARCHERS / SCIENTIFIC PURPOSES [PLEASE APPLICABLE BOX BELOW]							
CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D	CATEGORY E	CATEGORY F		
R 449	R 449	R 449	R 449	R 449	R1 348		

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)			

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C. POST MATRIC QUALIFICATIONS OBTAINED AND CERTIFIED COPIES ATTACHED:

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

D. EMPLOYMENT DETAILS:

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

E. PROOF OF PAYMENT ENCLOSED: R_____.

Please attach copy of electronic transfer page or deposit slip. Please use your Surname & Initials as payment reference.

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

APPLICANT SIGNATURE

DATE