

APPLICATION FOR AUTHORISATION TO PRACTISE A VETERINARY OR PARA-VETERINARY PROFESSION  
IN TERMS OF SECTION 23(1)(C)

- Application for authorisation cannot be considered unless submitted by the prospective employer;
- Incomplete applications will not be accepted or processed to serve at the Registration and Authorisation meeting for a decision; and
- No person may commence work [render services of a veterinarian] prior to final receipt of the conditions of authorisation.

**PLEASE NOTE: THIS FORM MUST BE SENT WITH THE FOLLOWING SUPPORTING DOCUMENTS**

- Certified copy of your identity document/passport;
- Certified copy of valid work visa or study permit [foreigners];
- Certified copy of qualification/s;
- Signed Supervision Agreement; and
- Proof of payment for the application fee. (Use your initial and surname as payment reference)

**EFT must be paid into the South African Veterinary Council bank account:**

- o **ABSA, Hatfield Branch (Branch Code 335 545)**
- o **Account No. 020166762.**

Application for authorisation will not be considered unless submitted by the prospective employer or Academic institution.

PLEASE FILL-IN THE FORM AND SUBMIT TO EMAIL: [Authorise@savc.org.za](mailto:Authorise@savc.org.za)

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

To render services performed by a <b>Veterinarian</b>	<b>R4 536</b>	
To render services performed by a <b>Veterinary Nurse</b>	<b>R1 388</b>	
To render services performed by a <b>Veterinary Technologist</b>	<b>R1 388</b>	
To render services performed by a <b>Animal Health Technician</b>	<b>R1 388</b>	

**2. PLEASE INDICATE NATURE OF APPLICATION FOR AUTHORISATION (please mark applicable block with X):**

New Authorisation	Renewal of Authorisation [please indicate your authorisation number]

**3. PERSONAL DETAILS**

Names and Surname [As Per ID]			
Date of Birth			
ID Number or Passport No.			
Nationality		Home Language	
Gender		Race	
Cell No.		Email Address	
Residential Address		Postal Address (If Different from Postal Address)	

**4. QUALIFICATIONS (please attach certified copies of the stated qualifications):**

Qualification Obtained	Name of Institution	Date

**5. EMPLOYER DETAILS**

<b>Name of the Facility</b>	
<b>SAVC Facility registration number</b>	
<b>Principal of the Facility</b>	
<b>Name of the SAVC registered Supervisor [if different from principal]</b>	
<b>Contact number and Email address</b>	

**6. PLEASE CONFIRM THAT YOU HAVE ATTACHED SUPPORTING DOCUMENTS (please mark applicable block with X):**

	YES	NO
1. A comprehensive CV, indicating the expertise and competence required in support of the application for authorisation.		
2. Letter of Good Professional Standing from foreign board where applicant is registered [if applicable]		
3. Proof of employment and copy detailed job description		
4. Motivation from the employer, stating the proof of merit, need and importance to employ the person to be authorised		
5. Proof of the placement and a copy of the advertisement for the services of a registered veterinary or para-veterinary professional placed, in line with SAVC advertising guidelines		
6. The reason (s) why a local registered individual could not be appointed, must be provided together with the list of all persons who applied for the position (must include the Initials, Surname, ID and Qualifications)		
7. Proof of interviews held and reasons why each candidate interviewed are not employable [Recordings and the minutes of interviews held]		
8. List of the procedures for which authorisation is applied for		
9. Certification of competence, for all the procedures indicated in the authorisation application, by the supervisor [registered veterinarian/ para-veterinary professional].		
10. Supervision agreement signed by: Applicant, Supervisor [registered veterinarian or para-veterinarian] and Employer.		
11. Confirmation of sufficient presence of registered veterinary and para-veterinary presence to adequately supervise all authorised personnel as per the conditions of authorisation		
12. Confirmation of compliance with the Medicines and Substance Related Act, Act 101 of 1965		

**7. DECLARATION BY THE APPLICANT (please mark applicable block with X):**

HAVE YOU BEEN PROSECUTED / CONVICTED OF A CRIMINAL OFFENCE?	NO	YES (please furnish the particulars)
HAVE YOU BEEN DISMISSED FROM EMPLOYMENT?	NO	YES (please furnish the particulars)

**I declare that the above information is true and correct.**

**Any changes to any circumstances relating to the applications and /or conditions of authorisation will immediately be brought to the attention of the SAVC.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Employer's Signature**

\_\_\_\_\_  
**Date**

Protection of Personal Information Act, 2013 (POPIA)

We are committed to ensuring the security and protection of the personal information that we process, and to provide a compliant and consistent approach to data protection. As a Data Subject you do have certain rights, including the right to be notified that personal information about you is being collected. A copy of our POPIA Section 18 Privacy Notification – Members is available at our Information Officer or on our website.

Contact details of our Information Officer: Information Officer: Mongezi Menye, Deputy Information Officers: Dinamarie Stoltz & Ronel Mayhew  
 Email: [director.legalaffairs@savc.org.za](mailto:director.legalaffairs@savc.org.za); [systems@savc.org.za](mailto:systems@savc.org.za)