

**APPLICATION FOR AUTHORISATION IN TERMS OF SECTION 23(1)(C):
ANIMAL WELFARE ASSISTANTS IN TERMS OF SECTION 23(1)(c)**

- Application for authorisation cannot be considered unless submitted by the prospective employer or Animal Welfare Organisation (AWOs);
- Only registered AWOs, South African National Defence Force and South African Police Services may employ AWAs for authorisation by SAVC
- Incomplete applications will not be accepted or serve at the Registration and Authorisation meeting for a decision; and
- No person may commence work 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 (for applicants with UNISA – HC in Animal Welfare); and
- Proof of payment for the application fee. (Use the applicant's name and surname as payment reference)

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

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

PLEASE FILL-IN THE FORM AND SUBMIT TO EMAIL: AUTHORISE@SAVC.ORG.ZA

Please contact the SAVC office on 012 345 6363 for queries relating to the application process

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

New Authorisation	
Renewal of Authorisation	
Change of Employer	
New & Renewal of Authorisation – NSPCA/ AWO qualified inspector	
New & Renewal of Authorisation - UNISA – HC in Animal Welfare	
Authorisation Application Fee: R1590	

2. EMPLOYER DETAILS

Name of Employer [Facility / AWO]	
AWO NPO Number	
SAVC Facility /AWO Registration Number	
AWO Manager [Applying on behalf of the AWA]	
Office Number	
Email Address	
Address	

3. FACILITY PRINCIPAL OR SUPERVISOR'S DETAILS

Principal / Supervising veterinarian	
SAVC Registration Number	
Contact Number	
Email Address	

4. AWA/APPLICANTS PERSONAL DETAILS

Names and Surname [As Per ID]			
Date of Birth			
ID Number or Passport No.			
SAVC authorisation number (if previously authorised)			
Nationality		Home Language	
Gender		Race	
Cell No.		Email Address	
Residential Address		Postal Address (If Different from Postal Address)	
Training attended			
Name of Training institution	Training attended / Certificate obtained		Date

5. PLEASE CONFIRM THAT YOU HAVE ATTACHED SUPPORTING DOCUMENTS

(please mark applicable block with X):	YES	NO
1. Certified copy of the MCC permit to keep and use scheduled medicines is attached (where there is no direct supervision of a veterinarian on the premises and the AWO facility is not registered with the SAVC)		
2. List the procedures that the applicant will routinely perform including the species on which procedure/s will be performed.		
3. Attached a copy of the official advertisement placed for para-vet target groups. (not older than 6 months before submitting the application for authorisation: Please refer to the SAVC advertising guidelines)		
4. Proof that para-veterinary professional could not be employed (including list of all persons responded to the advert; and Proof that the registered persons declined the position).		
5. Motivation for the need to use/employ an AWA		
6. Letter of appointment and job description of the applicant.		
7. List of all SAVC registered and authorised personnel employed by the AWO		
8. Written motivation letter from the veterinarian employed/ contracted by the AWO to support the application		
9. Certified copy of the registration certificate as an Inspector (applicable to inspectors only)		
11. Section D – Signed Assessment Form for AWA [Assessment of competency] is completed and signed by applicant, supervising veterinarian & principal.		

SECTION B:

AUTHORISATION SUPERVISION AGREEMENT

This form must be completed by a SAVC accredited registered veterinarian.

I, Dr			
the undersigned veterinarian, confirm that I will be the controlling veterinarian for the following animal welfare assistant who is applying for authorisation in terms of Section 23 (1)(c) of the Veterinary and Para-Veterinary Professions Act, Act 19 of 1982.			
2. Name of applicant		Name of employer [AWO]	
3. I confirm the following:			
3.1 The level and frequency of supervision / direction I will provide will entail: Kindly tick applicable block/s:			
Details			Yes
Continuous supervision, vet on same premises full-time			
Intermittent supervision at least once a day, vet on same premises full-time			
Intermittent supervision at least 3x a week, vet not on same premises full-time			
Direction: at least telephonic contact for all cases requiring more than primary health care, i.e. case-by-case			
Direction: regular telephonic or face-to-face contact, not case-by-case Please indicate how often contact is established			
Direction: intermittent, not case-by-case Please indicate number of contacts per month on average			
3.2 I am satisfied that the applicant is able to perform the standard AWA procedures .			
3.3 I have seen the list of medicines the AWA intends to use and the reasons for such use and I am satisfied that such use is reasonable and within the capabilities of the AWA. I confirm that only Schedule 1 and 2 drugs may be used by the applicant without my specific instruction. Schedule 3 and 4 drugs will only be used by the AWA on my case-by-case instruction. The AWA will not use any Schedule 5 and 6 medicines with the exception of pentobarbitone for the purpose of euthanasia, if authorised for euthanasia.			
3.4 In the case of authorisation to euthanase I am satisfied that the AWA is competent to handle and store the relevant medicine responsibly and understands the importance thereof. <i>(delete if not applicable)</i>			
3.5 I undertake to monitor the record-keeping by the AWA of all procedures performed and scheduled medicines used, in line with the relevant legislation.			
3.6 The location / area where the AWA / applicant will perform the functions:			
Mobile Unit: YES/NO			
I confirm that I am the Principal Veterinarian at the following facility / facilities:			
Facility Name:		Registration number:	
Controlling Veterinarian:		Registration number:	
Signature:		Date	

SECTION C:
MEDICINES TICK LIST

This form must be completed by a SAVC registered supervising/controlling veterinarian.

APPLICANT'S NAME		Confirm	
MEDICINES USED BY THE SPECIFIC AWA Please mark relevant box with "X"		YES	NO
1. Vaccines			
2. Ecto-and Endoparasitocides (dewormer, frontline, ivermectin, etc)			
3. Long Acting Penicillin or Tetracycline injectable (or tablets in the case of tetracycline/doxycycline)			
4. Sulphonamide injectable or tablets.			
5. Amoxycillin or its derivatives injectable or tablets			
6. Metronidazole tablets			
7. Short acting prednisolone injectable for temporary relief. (any long term use must be under direct veterinary supervision)			
8. Non-Steroidal anti-inflammatory drugs (NSEIDs) e.g. Rimadyl / Metacam.			
9. Babesiocide injectable (Forray/Berenil) (NB AWA must be assessed for Blood Smear by an accredited assessing veterinarian)			
10. Vitamin/mineral supplement injectable or tablets.			
11. Euthanase (Pentobarbitone) (if authorised to use)			
12. Any topical agents used to treat wounds or skin conditions that the supervising vet advises.			
13. Any other drugs/medication not on this list, can be used by the authorised AWA ONLY if a registered veterinarian permits it, and <u>directly</u> supervises its use.			
Initial & Surname of the Supervising veterinarian	SAVC Reg number	Signature	Date

**SECTION D: ASSESSMENT FORM FOR ANIMAL WELFARE ASSISTANTS (AWA) -
ASSESSMENT OF COMPETENCY**

Please tick relevant box and ensure that this section is completed by the correct assessor.

Please complete the section for procedures which authorisation is required / applied for:

New AWA Authorisation	Must be assessed & completed by a veterinarian not affiliated with the AWO
Renewal / Change of Employer	Must be assessed & completed by the current supervising veterinarian

Full name of AWA:	
Employer of AWA:	
Principal of the facility:	
Name of Supervising veterinarian: (if different from principal)	
Name of Assessor: (if different from supervising veterinarian)	
Geographical area in which duties are to be performed:	

PLEASE NOTE:

- AWAs must be assessed for understanding the role and responsibility of the AWA in terms of the Veterinary and Para-Veterinary Professions Act, 1982 and sections A to G and be competent in order to obtain authorisation;
- Sections H to M are optional;
- Applications for authorisation for intravenous catheterisation (L) are dealt with separately. Contact the SAVC administration for more details;
- Please tick the appropriate box both and indicate which specie(s) the evaluation was performed for (where applicable).
Key words:
 - SA - Small Animals;
 - PA - Production Animals; and
 - EQ - Equines.
- Where generic skill is being assessed, i.e. the competency is not species related, the boxes have been blacked out and the candidate can be assessed with respect to any specie(s).

A. UNDERSTANDING THE ROLE AND RESPONSIBILITY OF THE AWA IN TERMS OF THE ACT	Competent	Not Competent
Comments / Concerns :		

B. EXAMINING A PATIENT AND RECOGNISING A HEALTHY ANIMAL		Competent	Not Competent	SA	PA	EQ
1) Take relevant history						
2) Restrain patient adequately and humanely						
3) Recognise clinical signs of healthy animal						
4) Evaluate temperature, pulse, respiration, mucous membranes, hydration status						
5) Describe clinical signs						
6) Keep correct records						
7) Communicate primary health care effectively						
Comments / Concerns :						

C. BASIC CARE AND HANDLING		Competent	Not Competent	SA	PA	EQ
1) Feeding						
2) Housing, confinement, restraint						
3) Hoof / claw / nail / coat / tooth care						
4) Understanding of sterilisation / castration						
5) Prevention of cruelty						
Comments / Concerns :						

D. ADMINISTRATION OF MEDICINES		Competent	Not Competent	SA	PA	EQ
1) Handle and store medicines						
2) Aware of side effects						
3) Measure correct dosages – oral and injectable						
4) Administer medicines per os – solid and fluid						
5) Handle sterile needles and syringes						
6) Subcutaneous injection						
7) Advise on dispensed medication						
8) Record keeping of medicines administered						
Comments / Concerns :						

E. VACCINATIONS, DEWORMING AND EXTERNAL PARASITE CONTROL		Competent	Not Competent	SA	PA	EQ
1) Handle, store and care for vaccines						
2) Follow prescribed vaccination and deworming programmes						
3) Record vaccinations and deworming						
4) Dip animals according to veterinary protocol						
5) Educate owner on vaccination, internal and external parasite control						
Comments / Concerns :						

F. DEALING WITH INJURED ANIMALS		Competent	Not Competent	SA	PA	EQ
➤ Transportation of sick animal						
➤ Understand asepsis						
➤ Clean wounds						
➤ Apply ointments						
➤ Apply pressure bandage for haemorrhage						
➤ Assess pain						
Comments / Concerns :						

G. ZONOSSES / CONTAGIOUS ANIMAL DISEASES		Competent	Not Competent	SA	PA	EQ
1) Understand concept of Zoonoses						
2) Recognise and identifying clinical signs of Zoonoses						
3) Recognise and identifying contagious animal diseases (Sarcoptic Mange, Ear mites, Distemper, Rabies, Kennel Cough and Snuffles)						
4) Understand the procedures / concept of contagious animal diseases						
Comments / Concerns :						

H. EUTHANASIA (Optional)		Competent	Not Competent	SA	PA	EQ
1) Correct Identification of Animal (sex, Age, Breed, Colour)						
2) Checking for a Microchip /Scanning						
3) Paperwork-Euthanasia Consent form if Applicable in an owned Animal						
4) Intravenous euthanasia (either needle or IV catheter)						
5) Handle and store medicines						
6) Methods of Restraining an Animal						
7) Dealing with haematoma						
8) Recording Euthanasia						
9) Protocol for dealing with a Rabies/Suspect Rabies Animal						
10) Declaring an Animal Clinically Dead						
11) Methods of carcass disposal -Cremation/Disposal						
12) Recognise clinical signs of healthy animal						
Comments / Concerns :						

I. RADIOGRAPHS (Optional)		Competent	Not Competent	SA	PA	EQ
1) Assist with restraint						
2) Know dangers of radiation						
Comments / Concerns :						

J. MAKE BLOOD SMEAR (Optional / Required when using Babesiocide and working in a clinical environment)		Competent	Not Competent	SA	PA	EQ
➤ Make a blood smear to a diagnostic standard (drawing blood from tip of ear and spreading)						
➤ Are able to stain a smear						
Comments / Concerns :						

K. MICRO CHIPPING (Optional)		Competent	Not Competent	SA	PA	EQ
➤ Identify the implanted sites used in commonly chipped animals, for example dogs, cats, horses, regardless of which specie examination has been requested by the welfare organisation.						
➤ The ability to scan a chipped animal						
➤ Able to explain how they would proceed with the information in order to reunite pet and owner						
➤ Sound knowledge of possible problems and complications relating to the procedure						
➤ Know why production animals are seldom chipped.						
➤ The processing of microchip documents and explaining the importance thereof once an animal is microchipped						
Comments / Concerns:						

L. INTRAMUSCULAR INJECTION (Optional)		Competent	Not Competent	SA	PA	EQ
➤ Intramuscular injection						
➤ Intravenous injection						
Comments / Concerns:						

M. INTRAVENOUS DRIP INSERTION (Optional, Special Application)	
A SEPARATE MOTIVATION IS REQUIRED – PLEASE CONTACT SAVC FOR FURTHER INFORMATION	

DECLARATION			
HAVE YOU BEEN PROSECUTED /CONVICTED OF A CRIMINAL RECORD		NO	YES
		<input type="checkbox"/>	<input type="checkbox"/>
IF YES (Please furnish the details)			
HAVE YOU BEEN DISMISSED FROM EMPLOYMENT		NO	YES
		<input type="checkbox"/>	<input type="checkbox"/>
IF YES (Please furnish the details)			

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.

ANY DISHONESTY IN THE COMPLETION OF THIS FORM WILL BE CONSIDERED A SERIOUS OFFENCE

AWA (Applicant) Signature	Assessor's Signature	Supervisor/Principal's signature
Date	Date	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; systems@savc.org.za