APPLICATION FORM
SAVC REGISTRATION EXAMINATION - 2026
VETERINARY PHYSIOTHERAPIST

26 Victoria Link Street, R21 Corporate Park, Nellmapius Drive, Irene
Tel: 0027 (0)12 345 6360

[COMPLETE THE FORM IN BLOCK LETTERS OR IN TYPED FORMAT; THEN PRINT AND SIGN]

1. Have you previously sat the Full Registration Examination/s?	YES/NO If YES, supply year/s:
2. Are you currently working in South Africa?	YES/NO If YES, supply authorisation number:
3. Surname/Family name	
4. First name/s	
5. Identification/Passport number	
6. Nationality	
7. Date of birth	
8. Cell number in South Africa	
9. Cell number abroad	
10. E-mail addresses *[Please provide all e-mail addresses]*	
11. Postal address	
12. Alternate contact numbers *[Please provide all contact numbers. The SAVC Administration should be able to contact applicants/candidates following applications and prior to examinations.]*	

13. Secondary schooling and tertiary education with qualifications obtained (Diploma/Degree) *[Excluding postgraduate qualifications]*	
13.1 Institution (Secondary)	
13.2 Date/s obtained	
13.3 Institution (Tertiary)	
13.4 Date/s obtained	
14. Postgraduate qualifications obtained (Diploma/Degree)	
14.1 Institution/University	
14.2 Date/s obtained	

15. Fees (For Admin only)	
15.1 Administration fee **15.2 Examination fee <u>including</u> admin fee** *[Proof of payment enclosed]*	R678.00 R22 446.00 **Person / entity responsible for payment**

I _____ hereby declare that I accept and understand the examination rules for the year in which I intend to sit the examination.

I confirm that I have familiarised myself with the SAVC examination documents (A-H) as per the SAVC website (www.savc.org.za).

I also accept that registration for the examination does not automatically give me authority to practice as a veterinary physiotherapist until I pass the examination.

Signed _____ **Date** _____

Thus, signed and sworn before me at _____on this the _____day of_____ 20___, the deponent having acknowledged that s/he knows and understands the contents of this affidavit, has no objection to taking the prescribed oath and considers it binding on her/his conscience.

_____

Commissioner of Oaths

[NOTE: Any dishonesty in completion of this form will be regarded as serious.]

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*
E-Mail Address:	*director.legalaffairs@savc.org.za; systems@savc.org.za*
Contact Number:	*012 345 6360*

[VC6/2/EXAMS/Doc A – VET PHYSIO: MAR 2026]