

**Application for Registration
as a Veterinary Surgeon
for a Limited Period
(Not Exceeding 30 Days)**

Applicant Details (Please Print)

Family Name: Given Names:

Postal Address: Postcode:

Period of Registration required from ____ / ____ / ____ to ____ / ____ / ____

Proposed Contact Address in Queensland for period of registration:

..... Postcode:

Mobile No.: Fax: Email:

Place of current registration as a veterinary surgeon. Show State/Territory: or New Zealand

Date Letter of Good Standing was requested from that place: ____ / ____ / ____

Information Privacy Notice (Information Privacy Act 2009)

The Veterinary Surgeons Board of Queensland is collecting the information on this form to enter in the Register of Veterinary Surgeons (and Specialists where applicable). The information is authorised by section 16 of the Veterinary Surgeons Act 1936. This information will only be accessed by authorised officers within the Board. Some information may be given to State and Commonwealth government agencies for the purpose of animal health emergency response and preparedness. Your information will not be disclosed to any other parties unless authorised or required by law.

Declaration

- I declare that: - (a) I am the person named in this application;
(b) the particulars set out in this application are true and correct; and
(c) there are no matters of unprofessional conduct or criminal proceedings outstanding against me.

Signature of Applicant

Witness

Signed before me at on ____ / ____ / ____ Signature

Occupation Address

Office Use Only

Received: \$ Date: ____ / ____ / ____
Initials:
Notes: Cert No Issued: