

**Application for Registration
as a Veterinary Specialist**

Applicant Details (Please Print)

Family Name: Given Names:

Registration Number as Veterinary Surgeon in Queensland:

Business Address: Postcode:

Mobile contact number: Email:

Are you currently registered as a veterinary specialist outside Queensland? yes no

If yes, please give details.
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Have you ever been refused registration as a veterinary specialist in Australia or elsewhere? yes no

If yes, please give details.
.....

Have you ever been removed from any register of veterinary surgeons or veterinary specialists? yes no

If yes, please give details.
.....

Branch of specialisation in which registration is sought

Branch	Specific to (species, organ system)

*Registration Category: Primary Secondary

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

* Primary Registration – Majority of practice and reside in Qld
* Secondary Registration – Majority of practice and reside in another state/territory

Office Use Only

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