



# Veterinary Surgeons' Board



## Form 15 VETERINARY SURGEONS' ACT 1960 APPLICATION FOR APPROVAL AS A VETERINARY NURSE

<b>FULL NAME BLOCK CAPITALS:</b>	
Last Name	
Given Name	
AKA if applicable ie pre/post married	
ADDRESS Postal	
	State and Postcode
<b>Main Contact</b> Tel / Mobile Fax Email (please print)	Available to Public? Yes <input type="checkbox"/> No <input type="checkbox"/>
Alternate Contact	Tel / Mobile Fax Email
Previous Approval with <b>this</b> Board?	No <input type="checkbox"/> Yes <input type="checkbox"/> Dates
<b>Veterinary Nurse Qualifications</b> <b>**Please enclose a copy of certificate</b>	
<b>Name of qualification</b> <i>ie Cert IV Veterinary Nursing</i>	
<b>Where obtained</b> <i>ie Swan TAFE / AVT</i>	
<b>Date obtained</b>	
Give name, phone number and occupation of two character references ( <b>not a relation of the applicant</b> ).	1.
	2.
Have you received treatment for drug addiction during the past twelve months? Please give details	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Convictions:</b> I have not / have been convicted of any offences*. <i>*You do not need to include details of speeding fines, parking fines or other minor traffic offences such as crossing a red light, but should include details of all other offences including major traffic offences</i>	If 'yes' please give details
Have you ever been convicted of any felony, crime, misdemeanour, or indictable offence or an offence, which would be indictable if committed in Western Australia? Please give details	No <input type="checkbox"/> Yes <input type="checkbox"/>

Have you at any time in any state, dominion, province or country been : (a) Found guilty of any professional misconduct, or of any unprofessional conduct? Please give details	No <input type="checkbox"/> Yes <input type="checkbox"/>
(b) Subject to any disciplinary action by any body or authority constituted to discipline veterinary nurses? Please give details	No <input type="checkbox"/> Yes <input type="checkbox"/>
(c) Refused registration as a veterinary nurse?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Name & phone number of employer (practice name)	

**I enclose \$60 for registration as a veterinary nurse.**

Application Fee	\$20
Annual Fee	\$45
<b>TOTAL</b>	<b>\$65</b>

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Method of Payment:**

Direct Debit  **BSB: 066040 Account No: 1980 0005**  
**Account Name: Veterinary Surgeons' Board**  
**Please identify your payment with your FULL NAME.**

Cheque  Money Order  **DO NOT POST CASH**

Credit Card  (**Visa or Mastercard only**) Please fill in details below.

Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**EXPIRY DATE** /

Name on card: \_\_\_\_\_ Signature of cardholder: \_\_\_\_\_