

VETERINARY SURGEONS' BOARD OF W.A.

68 South Terrace
SOUTH PERTH WA 6151
PO Box 8235
ANGELO STREET
SOUTH PERTH WA 6151

Tel: 08 9367 4674
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E-mail admin@vsbwa.org.au

Form 15B

VETERINARY SURGEONS ACT 1960

APPLICATION FOR AUTHORISATION AS A **TRAINEE** VETERINARY NURSE

FULL NAME BLOCK CAPITALS:	
Last Name	
Given Name	
AKA if applicable ie pre/post married	
ADDRESS Postal	
	State and Postcode
Main Contact	
Tel / Mobile	
Fax	
Email (please print)	
Available to Public? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Registration with <i>this</i> Board?	No <input type="checkbox"/> Yes <input type="checkbox"/> Dates
Veterinary nurse qualifications currently being undertaken: <i>**Please attach copy of enrolment confirmation.</i>	
Name of qualification being undertaken <i>ie Cert IV Veterinary Nursing</i>	
Where studying <i>ie Swan TAFE / AVT</i>	
Date due to qualify	
Give name, phone number and occupation of two character references (not a relation of the applicant).	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"/>
Convictions: 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 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 trainee veterinary nurses? Please give details.	No <input type="checkbox"/> Yes <input type="checkbox"/>
(c) Refused authorisation as a trainee veterinary nurse?	No <input type="checkbox"/> Yes <input type="checkbox"/>

A trainee veterinary nurse may only perform those duties as listed in Section 65 of Amendment Regulations 2007 and then only -

“in the presence of, and under the immediate and direct personal supervision of, a registered veterinary surgeon” .

Please fill in details below for all places of training or work:

Name & phone number of employer	
<u>Name of supervising veterinary surgeon</u>	
Signature of supervising veterinary surgeon	

Name & phone number of employer	
<u>Name of supervising veterinary surgeon</u>	
Signature of supervising veterinary surgeon	

Name & phone number of employer	
<u>Name of supervising veterinary surgeon</u>	
Signature of supervising veterinary surgeon	

I enclose \$20 for authorisation as a trainee veterinary nurse.

Signature of applicant _____ Date _____

NB Once qualified you will need to apply to the Board to upgrade to ‘Registered Veterinary Nurse’.

Method of Payment:

Direct Deposit **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.

EXPIRY DATE /

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"/>
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Signature of cardholder: _____ Name on card: _____