



# Veterinary Surgeons' Board



## Form 3.4 Laparoscopic Artificial Insemination APPLICATION FOR AUTHORISATION

<b>FULL NAME BLOCK CAPITALS:</b>	
Last Name	
Given Name	
<b>ADDRESS</b>	
	State and Postcode
<b>Main Contact</b> (ie work) Tel / Mobile Fax Email (please print)	
Previous authorisation with <b>this</b> Board?	No <input type="checkbox"/> Yes <input type="checkbox"/> Dates
<p>Veterinary Board authorisation is requested for the following area.</p> <p><b>Laparoscopic Artificial Insemination</b></p> <p><i>Please give details of exactly what you wish to do:</i></p>	
Give name, phone number and occupation of two character references ( <b>not a relation of the applicant</b> ).	1.
	2.

<p>Have you received treatment for drug addiction including alcoholism during the past two years? If yes please give details.</p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details.</p>
<p><b>Convictions:</b> Have you been convicted of any offences?* If yes please give details.  <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></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details.</p>

**Under the Veterinary Surgeons Act 1960, all persons authorised by the Board to perform specific acts of veterinary surgery MUST work “under the direction of a registered veterinary surgeon”.**

**Please state name, address and contact details of directing veterinary surgeon:**

**Name:**

**Address:**

**Phone:**

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**Please state how long and how well you have known and worked with the abovenamed veterinary surgeon.**

**Please attach the following:**

- Photographic ID (ie copy driver's licence/passport)
- Police Clearance (if applying for use of Scheduled drugs)

**Please submit evidence of experience / qualification in the field to which you are seeking authorisation:**

