

<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>Convictions: 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:

Please state how long and how well you have known and worked with the above named 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:

