

General registration statutory declaration

Veterinary Practitioners Registration Board of Victoria



The following statutory declaration contains statements about your suitability to be registered as a veterinary practitioner which the Veterinary Practitioners Registration Board of Victoria (the Board) will consider when deciding whether to grant you registration under section 6 of the [Veterinary Practice Act 1997](#) ("Act", "VPA").

The grounds on which the Board *may* or *must* refuse to grant registration are set out in sections 6(1B), 6(1C) and 6(2) of the Act.

HOW TO COMPLETE THIS DECLARATION: This statutory declaration must be completed in front of an authorised statutory declaration witness (*Oaths and Affirmations Act 2018*). For the process for making a statutory declaration and a list of people authorised as statutory declaration witnesses, go to: www.justice.vic.gov.au/statdecs

Please note that the Board does not accept statutory declarations witnessed by persons who are:

- related to an applicant
- living at the same address as an applicant, or
- in a relationship with an applicant.

Write your full name	I,	
Residential address	of	
Occupation	occupation	
make the following statutory declaration under the Oaths and Affirmations Act 2018:		



Tick (✓) the statements below that are true and correct in relation to you. You must not tick any box next to a statement below if it is not true and correct in relation to you. For any box you do not tick, please explain why you did not tick it in the 'Additional statement' field on page 2.

<input type="checkbox"/>	I am the person named above and in the application for general registration submitted with this statutory declaration, and the information that I have provided to support my application is true and correct. I understand that it is an offence under section 58 of the <i>Veterinary Practice Act 1997</i> to fraudulently or by false representation or declaration obtain registration under the Act.
<input type="checkbox"/>	I have not applied for and been refused a right to practise as a veterinary practitioner/veterinary surgeon/veterinarian in any other Australian State or Territory. Reference: s6(1B) VPA
<input type="checkbox"/>	I have not been disqualified from applying for a right to carry on or engage in veterinary practice in another Australian State or Territory, and I am not <u>not entitled</u> to apply for a right to carry on or engage in veterinary practice in another State or Territory. Reference: s6(1C) VPA
<input type="checkbox"/>	In the past 12 months, I have not been found guilty of any professional misconduct or any unprofessional conduct. Reference: s6(1B) VPA
<input type="checkbox"/>	There are no conditions, limitations or restrictions on any registration I have as a veterinarian.
<input type="checkbox"/>	I do not have a severe substance dependence. Reference: s6(2)(b) VPA
<input type="checkbox"/>	In the past 10 years, I have not been found guilty of an indictable offence in Victoria or an equivalent offence in another jurisdiction. Reference: s6(2)(c) VPA
<input type="checkbox"/>	I do not have a physical or mental impairment which would significantly affect my ability to practise as a registered veterinary practitioner. Reference: s6(2)(f) VPA
<input type="checkbox"/>	My competency in speaking and communicating in English is sufficient for me to practise as a registered veterinary practitioner. Reference: s6(2)(fa) VPA
<input type="checkbox"/>	I am fit to practise as a registered veterinary practitioner. Reference: s6 VPA
<input type="checkbox"/>	If I am granted registration as a veterinary practitioner, I will comply with the provisions of the <i>Veterinary Practice Act 1997</i> .

<input type="checkbox"/>	If I am granted registration as a veterinary practitioner, I will follow the Guidelines for appropriate standards of veterinary practice and veterinary facilities issued by the Board under section 62(1)(e) of the <i>Veterinary Practice Act 1997</i> .
<input type="checkbox"/>	I understand that Guideline 10 – Continuing professional development (CPD) of the Board's Guidelines for appropriate standards of veterinary practice and veterinary facilities requires me to participate in CPD programs sufficient to demonstrate maintenance of competency in my chosen field of work. I understand that, if I am granted registration as a veterinary practitioner, I should undertake at least 15 units of structured activities and 45 units of unstructured activities over a consecutive 3-year cycle; and that I should retain documented evidence of all completed CPD for a minimum period of 3 years from date of completion. I also understand that I must provide these records to the Board when requested to do so.

Additional statement (if you need more space, attach a separate statement):

I declare that the contents of this statutory declaration are true and correct, and I make it knowing that making a statutory declaration that I know to be untrue is an offence.

Signature of person making the declaration				
City, town or suburb where declared	Declared at			
State or Territory where declared	in the state of		Country where declared	
Date	on			
Signature of authorised statutory declaration witness	I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:			
Date	on			
Name, capacity in which the authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)				
	A person authorised under section 30(2) of the <i>Oaths and Affirmations Act 2018</i> to witness the signing of a statutory declaration.			

<p>This section only needs to be completed if the person making the statutory declaration is blind or cognitively impaired and the statutory declaration is read to them.</p>	<p>I certify that I read this statutory declaration to <i>[insert name of the person making the statutory declaration:]</i> at the time the statutory declaration was made.</p>
<p>This section must be signed by any person who has assisted the person making the statutory declaration, for example by translating the document or reading it aloud. If no assistance was required, this section does not need to be completed.</p>	<p>I certify that I have assisted <i>[insert name of the person making the statutory declaration]</i> by <i>[insert assistance provided, for example, translating the document]</i> Signed:</p>
<p>Date</p>	<p>On:</p>
<p>Name and address of person providing assistance</p>	<p>Name and address of person providing assistance:</p>