

Specific registration statutory declaration

Veterinary Practitioners Registration Board of Victoria



Under section 3 of the [Veterinary Practice Act 1997](#) (the "Act"), the Board may require an applicant to provide further information or material in respect of their application and may require that the information in the application be verified by a statutory declaration.

The Board may grant or refuse to grant specific registration as a veterinary practitioner to an applicant for specific registration. 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 before deciding whether to grant you registration under section 7(1) of the VPA.

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 specific 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 do not have any conditions placed by any veterinary registration authority on my registration in another jurisdiction.
<input type="checkbox"/>	I am not currently, and have not in the past 12 months, been subject to any disciplinary proceedings (including any preliminary investigation or action that might lead to disciplinary proceedings) by any body or authority constituted to discipline veterinary practitioners/equivalent professionals.
<input type="checkbox"/>	In the past 12 months, I have not been found guilty of any academic misconduct, professional misconduct or unprofessional conduct.
<input type="checkbox"/>	My registration has not been cancelled or suspended by any veterinary registration authority subsequent to investigation and/or disciplinary proceedings by that body.
<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.
<input type="checkbox"/>	I do not have a severe substance dependence, e.g., on alcohol or drugs.
<input type="checkbox"/>	I do not have a physical or mental impairment that significantly impairs my ability to practise as a registered veterinary practitioner.
<input type="checkbox"/>	My competency in speaking and communicating in English is sufficient for me to practise as a registered veterinary practitioner.
<input type="checkbox"/>	I am fit to practise as a registered veterinary practitioner.

<input type="checkbox"/>	If I am granted specific registration as a veterinary practitioner in Victoria, I will comply with the provisions of the Veterinary Practice Act 1997 .
<input type="checkbox"/>	If I am granted specific registration as a veterinary practitioner in Victoria, 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 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.
<input type="checkbox"/>	I acknowledge that a grant of specific registration made to me may be subject to conditions, limitations or restrictions imposed by the Board, including the period of registration which must be no less than 12 months and no more than 36 months. I understand I will be given notice of any proposal by the Board to impose conditions, limitations or restrictions on my registration and an opportunity to make submissions about the proposal.
<input type="checkbox"/>	I understand that I have an obligation to advise the Board immediately if my circumstances change with respect to any conditions the Board places on my registration or my ability to practise as a registered veterinary practitioner.

Additional statement continued (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			
Place (city, town or suburb where declared)	Declared at		*in the state of Victoria
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)	<p>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>		

<p>This section only needs to be completed if the person making the statutory declaration is illiterate, 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>