

FIRST SCHEDULE
(Regulations 3, 4, 5, 7, 8, 10, 11, 12, 14, 15, 17, 18 and 19)
PRESCRIBED FORMS

Form I
 (Regulation 3(a))
 (To be completed in triplicate)



THE VETERINARY COUNCIL OF ZAMBIA

The Veterinary and Veterinary Para-Professions (General) Regulations, 2013

APPLICATION FOR REGISTRATION () RENEWAL OF REGISTRATION () AS A VETERINARY SURGEON			
<i>(Section 13 of the Veterinary and Veterinary Para-Professions Act, 2010)</i>			
Please complete in block letters	Shaded fields for official use only	Code	
		Date/Time	
<i>Information Required</i>	<i>Information Provided</i>		√
1. Names of Applicant (a) Surname (b) Forename (s)			
2. Nationality - National Registration Card No. - Passport No.			
3. Notification address Tel: Fax: E-mail:			
4. Register index Number of applicant () or associated animal health facility () <i>*Applicable to application for</i>			

	<i>renewal of certificate</i>					
5.	Category of registration	Full Primary	Provisional	Temporary	Limited	Specialist
<i>*Supervision form to be filled in by a registered veterinary surgeon</i>						
6.	Certificates previously held by the applicant under the Veterinary and Veterinary Para-Professions Act, 2010, or similar legislation outside Zambia	Certificate No.		Location		
7.	Certificates currently held by applicant in Zambia, if any, under the Veterinary and Veterinary Para-Professions Act, 2010	Certificate No. and Type:		Location:		
8.	<p>Have you ever been found guilty of professional misconduct or been convicted of an offence involving fraud or dishonesty or any offence under the Veterinary and Veterinary Para-Professions Act, 2010, or any other law within or outside Zambia?</p> <p>If yes, specify details:.....</p> <p>Nature of offence:.....</p> <p>Date of conviction:.....</p> <p>Sentence:.....</p>					
9.	Have you, in the past two years been addicted to, or used in excess, any drug or chemical substance, or alcohol, which affected your abilities to perform professional duties?					
10.	Have you in the past two years been treated for drug or alcohol addiction at a rehabilitation program or centre?					
11.	Have you, in the past two years been treated for emotional or mental disorder, which affected your abilities to perform professional duties?					
12.	Has your Certificate of registration been suspended or cancelled? If yes, please give details below:					
	Certificate No.	Date issued	Date of suspension/ cancellation		Reason for suspension/ Cancellation	
13.	Employment Record	Employment period	Employer		Job Title	

14.	Educational Institutions attended (beginning with the latest training institution attended)							
	Name of institution	City, Country	Dates attended	Qualification awarded				
	*Certification by Head of institution attended							
	<p>I,do hereby certify that the applicant.....is attending or has attendeduniversity/college located in from.....to....., the date of graduation or anticipated date of graduation.</p> <p style="text-align: center;">STAMP OF TRAINING INSTITUTION</p> <p style="text-align: center;">..... Signature of head of training institution</p> <p>Dated thisday of.....20.....</p> <p>Notes:</p> <p>* 1. To be completed by Head of institution from which applicant is obtaining or has obtained professional qualification</p> <p>2. To be completed if applicant is a graduant or student</p>							
15.	Continuous professional development undertaken since last registration	Course attended	Dates	Location	Continuous professional development points	Continuous professional development register number		

16.	Category of Registration	Requirements		
	Provisional Registration	Qualification from a training institution recognised by the Council (should include internship)		
		Copy of temporary certificate of registration		
	Temporary Registration	Copy of relevant qualification obtained outside Zambia (should include internship)		
		Copy of assessment examination recognised by the Veterinary Council of Zambia		
		Copy of certificate of good standing from relevant professional body outside Zambia		
		Proof of proficiency in/knowledge of English Language		
		If applicant will be in Government Service, copy of relevant agreement/appointment letter		
		If applicant will serve at the request of an animal health facility licensed in Zambia, copy of relevant agreement/appointment letter		
	Registration for Limited Period	Copy of relevant qualifications obtained outside Zambia		
		Copy of letter of appointment from licensed animal health facility in Zambia		
		Copy of equivalent registration obtained under Veterinary and Veterinary Para-Profession legislation in country of origin of applicant		
		Copy of certificate of good standing from relevant professional body outside Zambia		
	Specialist Registration	Copy of post-graduate qualification approved by Veterinary Council of Zambia		
		Proof of two years of post qualifying experience in relevant field		
17.	Two passport photos (taken within the past six months)	<p>This is to certify that the attached passport photos are a true likeness of the applicant.</p> <p>Sworn before me thisday of20.....</p> <p>..... Commissioner for Oaths/Notary Public</p> <p>NOTE: The Commissioner for Oaths or Notary seal must be impressed partially on the passport photo and partially on the form.</p>		
18.	Copy of medical examination			
19.	Appendices (copies of relevant degrees, diplomas, certificates)			
20.	<p>STATUTORY DECLARATION</p> <p>I do solemnly declare as follows:</p> <p>(a) that the information provided in this Form is correct and true;</p> <p>(b) that I have never been debarred from practising my profession on the ground of professional misconduct;</p> <p>(c) that my name has never been removed from the Register kept in accordance with the laws of any country in which I have practiced my profession; and</p> <p>(d) no inquiry is pending which may result in the action referred to in paragraphs (b) and (c);</p> <p>and I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief.</p> <p>..... Signature</p> <p>Declared at thisday of 20..... before me..... Commissioner for Oaths or Notary Public</p>			

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Applicant's signature

Date

FOR OFFICIAL USE ONLY

Received by: _____
Officer

RECEIPT No.

Date Received _____

Amount Received _____

STAMP

Serial No. of application: _____