

<b>MEMBERSHIP NUMBER:</b>	
<b>DATE OF REGISTRATION:</b>	



## Application For Restoration To The Register Of Veterinary Surgeons

[PLEASE USE BLOCK CAPITAL LETTERS AND BLACK INK THROUGHOUT]

I hereby apply for restoration to the Register of Veterinary Surgeons by virtue of the registrable veterinary qualification (include any abbreviation) as scheduled under section 3, 5A, 5B, 6(3) or 6(4) of Veterinary Surgeons Act 1966 (the Act) of which I hereby affirm that I lawfully possess and evidence of which has been produced:

Primary veterinary degree: .....  
 (in your own language)  
 awarded/conferred by: The University of ..... date conferred: .....

### PERSONAL DETAILS FOR PUBLICATION IN THE REGISTER

The Veterinary Surgeon and Veterinary Practitioners Registration Regulations (the Regulations) require all registered veterinary surgeons to provide the following details for publication in the Register.

<b>Title:</b>	Dr / Mr / Miss / Mrs / Ms / (*Circle as appropriate) Other (Specify): ..... <i>(Dr should only be shown if it was awarded as a primary or post-graduate qualification)</i>	
<b>Surname(s):</b>	..... <i>(This must be the same as shown in your passport and evidencing documentation)</i>	
<b>Forenames(s):</b>	.....	
<b>Address Type:</b>	Private / Practice / University / Commercial / Government / Local Government* <i>(*Circle as appropriate) / Other (Specify): .....</i>	
<b>Address:</b>	..... ..... .....	
	Post Code: .....	Country: .....
<b>Telephone:</b>	National Code 00 ..... Number:.....	

### ADDITIONAL QUALIFICATIONS FOR PUBLICATION IN THE REGISTER *(a copy of each certificate/diploma is required)*

Qualification	Date Awarded / conferred	University / Awarding institution
.....	..... / ..... / .....	.....
.....	..... / ..... / .....	.....
.....	..... / ..... / .....	.....

*The information you have provided will be kept electronically on the Membership Database.*

The data published in the Register is occasionally supplied to third parties for non-statutory purposes (e.g. charitable or commercial use) and may be sent outside the European Economic Area. If you do **not** agree to this please tick the box alongside.

**ADDITIONAL INFORMATION** (this will not be published or given to the public)

<b>Email:</b>	.....	<b>Mobile:</b>	.....
<b>Date of Birth:</b>	..... / ..... / ..... (This may be used to verify identity) Day      Month      Year		
<b>Nationality</b>	At Birth:	.....	At Present: <i>(If you hold dual nationality list both)</i> ..... .....

**ALTERNATIVE CONTACT DETAILS** (this information will not be published or given to the public)

<b>Address Type:</b>	Private / Practice / University / Commercial / Government / Local Government* (*Delete as appropriate) / Other (Specify): .....		
<b>Address:</b>	..... ..... .....		
	Post Code: .....	Country:	.....
<b>TELEPHONE:</b>	National Code 00 .....	Number:	.....
<b>EMAIL:</b>	.....	<b>MOBILE:</b>	.....
<b>FAX:</b>	National Code 00 .....	Number:	.....

<b>DO YOU INTEND TO STAY AND PRACTISE IN THE UNITED KINGDOM?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Please note:** If you have been off the RCVS Register for more than one year [after voluntary removal or removal for non-payment of fees] you should also provide a letter of good standing from your current registration authority [valid for 3 months after the date of issue], plus a notarised translation if it is not issued in English, and also a copy of your passport / EU ID card.

**DECLARATION**

I declare:

- the information given above is, to the best of my knowledge, correct;
- I am aware that the Regulations require that I notify the RCVS of any change of name or permanent address;
- I am aware that an annual retention fee as specified in the Regulations, the amount of which is dependent on my category of membership on 31 March, is due payment by 1 April;
- I am aware that should I change my category of membership during the fee financial year of 1 April to 31 March, and I have paid the full applicable retention fee for the year, I may be eligible for a refund of fees paid, or an additional fee may be due payment; and
- my eligibility to practise in the United Kingdom is dependent on payment of the home practising fee.
- I acknowledge that under the Veterinary Surgeons and Veterinary Practitioners (Registration) Regulations Order of Council 2005, in cases of repeated removal for non-payment of the annual retention fee, the restoration fee shall be increased by 100% for each time I have been so removed.

Signed: .....

Dated: ..... / ..... /2010

## ETHNIC ORIGIN

The RCVS is required to collect ethnicity data to comply with Race Relations legislation. Please assist us by indicating your ethnic origin by ticking the relevant code in the list below:

### A - White:

<input type="checkbox"/>	01	British
<input type="checkbox"/>	02	Irish
<input type="checkbox"/>	03	Any other White background:

### B - Mixed:

<input type="checkbox"/>	04	White and Black Caribbean
<input type="checkbox"/>	05	White and Black African
<input type="checkbox"/>	06	White and Asian
<input type="checkbox"/>	07	Any other Mixed background:

### C - Asian or Asian British:

<input type="checkbox"/>	08	Indian
<input type="checkbox"/>	09	Pakistani
<input type="checkbox"/>	10	Bangladeshi
<input type="checkbox"/>	11	Any other Asian background:

### D - Black or Black British:

<input type="checkbox"/>	12	Caribbean
<input type="checkbox"/>	13	African
<input type="checkbox"/>	14	Any other Black background:

### E - Chinese or other ethnic group:

<input type="checkbox"/>	15	Chinese
<input type="checkbox"/>	16	Any other ethnic group: