

Provision of Services Form for Visiting European Vets

This form should be completed by visiting European veterinary surgeons who wants to provide occasional veterinary services in the UK in accordance with Directive 2005/36/EC on the recognition of professional qualifications.

Please submit this form, and all supporting documentation (please see checklist below), 14 working days before the date you intend to provide services, or as soon as possible, to allow us enough time to process your request.

We will acknowledge your application within 3 working days.

You will be issued with confirmation that your name has been added to the Visiting European Veterinary Surgeons List, together with the date this is effective from, and other relevant information within 10 working days of the RCVS receiving all the documentation listed above.

Please complete all sections of the form.

| Visiting veterinary surgeon's details | | | | |
|---------------------------------------|--------------------|--|--|--|
| Title | | | | |
| | | | | |
| All Surnames: | | | | |
| All Forenames: | | | | |
| Your permanent | | | | |
| address in the Country where you | | | | |
| currently reside: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Email: | | | | |
| Contact number: | | | | |
| | | | | |
| Date of Birth: | | | | |
| | Day / Month / Year | | | |
| Nationality | | | | |
| | | | | |



| Title of Primary Veterinary Degree: | |
|---|--------------------------|
| University Awarding: | |
| Date conferred/ awarded: | Day / Month / Year |
| Name of current registration Board/ Regulator | |
| Address of current registration Board/ Regulator | |
| | |
| | |
| | |
| Name of the school, university or Registration Authority that awarded your professional qualification and Country where it was located | |
| | |
| | |
| | |
| Date awarded | |
| Have you been registered with the RCVS before? | Yes / No [please circle] |

| Details of services being provided | | | |
|--|--|--|--|
| The visiting veterinary surgeon intends to provide services in the UK: | | | |
| From: Day Month Year | | | |
| To: Day Month Year | | | |
| Throughout this period the visiting veterinary surgeon will be working the following days or periods: | | | |
| The nature and location of the services being providing is: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Professional liability insurance | | | |
| The visiting veterinary surgeon has the following insurance cover (or other means of personal or collective protection) with regard to professional liability (please give details): | | | |
| | | | |
| | | | |
| | | | |
| Declaration by the visiting veterinary surgeon | | | |
| I wish to provide occasional veterinary services in the United Kingdom and I have insurance cover with regard to professional liability. | | | |
| The information given above is, to the best of my knowledge, correct, and I understand this will not permit me to style myself MRCVS. | | | |
| Signature Date | | | |

| | Documents/ information for submitting by the visiting veterinary surgeon | Document attached (Please ✓) |
|---|---|------------------------------------|
| 1 | Completed 'Provision of Services Form for Visiting European Vets' | |
| 2 | Proof of nationality or proof that you are a European Union Rights entitled person (EUREP), if you are not a national of an EEA state or Switzerland - A photocopy of the identifying page and front cover of your valid passport OR photocopy of valid EU identity card along with a photocopy of your birth certificate in its original language and with a certified English translation (the birth certificate can only be accepted if issued within 2 years of birth). | |
| 3 | Evidence of your professional qualifications relevant to practice as a veterinary surgeon | |
| 4 | A certificate issued by a competent authority in an EEA state or Switzerland confirming the following:- i. that you are lawfully established as a veterinary surgeon in that state; ii. that you are not prohibited (permanently or temporarily) from practising as a veterinary | |
| | surgeon there. | |

Contact details

Please return your completed signed form and relevant documentation using one of the following methods:

Royal College of Veterinary Surgeons Belgravia House 62-64 Horseferry Road London SW1P 2AF

Fax: 020 7202 0740

Email: registration@rcvs.org.uk

Tel: 020 7202 0707