

Form II
 (Regulation 3(b))
 (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
 PARA-PROFESSIONAL

(Sections 13 and 34 of the Veterinary and Veterinary Para-Professions Act, 2010)

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 (c) Surname (d) 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 renewal of certificate</i>		

5.	Class of registration	Livestock officer	Veterinary Assistant	Tsetse Biologist	Veterinary Laboratory Technician	Other (specify)	
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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 of 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 addition 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 cancelled or suspended? If yes, please give details below:						
	Certificate No.	Date issued	Date of suspension or cancellation		Reasons of suspension or cancellation		
13.	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						
	I,do hereby certify that the applicant.....is attending or has attended						

<p>.....university/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: * 1. To be completed by Head of institution from which applicant is obtaining or has obtained professional qualification 2. To be completed if applicant is a graduant or student</p>								
14.	Employment Record							
		Employment period	Employer	Job Title				
15.	Continuous professional development undertaken since last registration	Course attended	Dates	Location	Continuous professional development points	Continuous professional development register number		
16.	Copy of medical Examination							
	Category of Registration	Requirements						
17.	Two passport photos (taken within the past six months)		This is to certify that the attached passport photos are a true likeness of the applicant. Sworn before me thisday of20..... Commissioner for Oaths/Notary Public NOTE: The Commissioner For Oaths or Notary Public seal must be impressed partially on the passport photo and partially on this Form.					

18.	Appendices (copies of relevant degrees, diplomas, certificates)		
19.	<p>STATUTORY DECLARATION</p> <p>I do solemnly declare as follows:</p> <ul style="list-style-type: none"> (a) that the information provided in this Form is correct and true; (b) that I have never been debarred from practising my profession on the ground of professional misconduct; (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 (d) no inquiry is pending which may result in the action referred to in paragraphs (b) and (c); <p>and I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief.</p> <p style="text-align: center;">..... Signature</p> <p>Declared at this day of 20..... before me</p> <p style="text-align: center;">..... Commissioner for Oaths or Notary Public</p>		

Applicant's signature

Date

FOR OFFICIAL USE ONLY

Received by: _____
Officer

RECEIPT No.

Date Received _____

Amount Received _____

STAMP

Serial No. of application: _____