

## **AVNAT REGISTRATION SCHEME – Application Form**

**Student Veterinary Nurse and/or Student Veterinary Technician** 

Family Name		
Given Name		Date of birth
Home address		
State		Postcode
Home phone		Mobile
Personal Email Address		
Business Name (for online register)		
Business Address		
State		Postcode
Business Phone		Business Fax
Please indicate preferred mailing address:		
Registration Class		
Please refer to the Application Guide and templates available at https://www.vnca.asn.au/avnat-registration-scheme-/apply-now/ for full details.  Applications can only be considered once all requirements are submitted.		
Categories		
Indicate which class(es) you wish to be considered for (tick either/both as	applicable to y	your qualification)
$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	hnician (SVT)	
Do you wish to have VNCA Student Membership included?	Yes	No
Do you wish to appear on the AVNAT Online Register?	Yes	No
Applicants must tick all boxes below and attach relevant documentation:	:	
Attach evidence that you are currently studying a recognised VN or VT qualification		
Attach evidence of your current work placement or employment		
I hereby agree to abide by the AVNAT Code of Professional Conduct and Ethical Practice  I hereby agree to abide by the AVNAT Mandatory Declarations Policy and advise (applicants must tick one of the following)		
I have nothing to declare; OR		
I wish to make a declaration with respect to this policy, and attach a summary for consideration		
Signature		Date
Fee The AVNAT Registration cycle is from 1 July to 30 June annually, with an introductory offer of up to 3 months free from 1 April 2019 only. As the fee is pro-rated throughout the year, payment by credit card is preferred or you can request at invoice.		
${\tt VNCAStudentmembership+AVNATListedclassx1(either{\tt SVNorSVT})}$	\$110+0	3ST ST
AVNAT Listed class x 1 (SVN or SVT), VNCA Non-member	\$70 + G	
VNCA Student membership + AVNAT Listed class x 2 (SVN and SVT)  AVNAT Listed class x 2 (SVN and SVT), VNCA Non-member	\$145 + 0 \$140 + 0	
Payment	•	
	ana Mastor	card Visa
Send an invoice Charge Credit Card Credit Card Tick one Mastercard Visa  Card Number: Expiry Date: CCV Number: CCV		
Card Holder Name	-	
Signature		Date