



Application for Entry into the Accreditation Program for Australian Veterinarians (APAV)

Dear Sir/Madam

I....., registered with the
(Full name as seen on your vet board certificate)

..... Certificate number..... (Copy attached)
(Veterinary Board Name) (Veterinary Accreditation Number)

hereby apply for entry into the Accreditation Program for Australian Veterinarians (APAV).

I certify that I have read the APAV Policies and Procedures (2016) and agree to be legally bound by all the conditions contained therein in so far as they are relevant or applicable to me.

I undertake that the APAV is an accountable, structured process to actively involve non-government veterinarians in animal disease control activities at regional and national levels and that the structure of the APAV reflects the complexities of animal health arrangements and activities in Australia.

I recognise that participation in the APAV will allow me access to, and thus privileged knowledge of, APAV Operational Programs and of the policies and practices of the Agencies that manage those programs. In accordance with clause 4.7(k) of the APAV, I undertake to inform the Government Veterinarian responsible for the APAV Operational Program, the Chief Veterinary Officer or to Animal Health Australia, as is appropriate, of any concerns I have or any comments I may wish to make about the APAV, an APAV Operational Program or a responsible Agency or its officers.

I undertake that, if my Accreditation lapses or is suspended or terminated, or any Approval cancelled, or I cease to be a Registered Veterinarian, I will not in any way represent myself nor hold myself out to any person as being an Accredited Veterinarian and will not act as such whether in relation to an APAV Operational Program or otherwise.

I hereby warrant that:

- (a) I am registered or licensed in accordance with the requirements of any applicable legislation or regulations for the purposes of, or incidental to, performing veterinary services under the APAV.
- (b) I have complied with any relevant statutory and lawful requirements of governmental, public and other competent authorities including any relevant professional standards for the purposes of or incidental to performing those services.
- (c) This Application is true and not misleading in any way.

In accordance with clause 14 of the APAV Policies and Procedures (2016), I hereby indemnify, and will keep indemnified, Animal Health Australia and its directors, officers, employees and agents and representatives ("Indemnitee") from and against all liability, loss, harm, damage, cost or expense (including legal costs on a solicitor and own client basis) ("Liability") howsoever arising that the Indemnitee may suffer, incur or sustain as a result of:

- (a) any breach by me of the obligations set out in this document other than where it is a consequence of an act required by law; or
- (b) any unlawful, negligent or deliberately wrongful act or omission by me in respect of or relating to the APAV,

provided that the indemnity given by me will be reduced proportionately to the extent that the Liability is a direct consequence (and excluding any indirect liability or loss) of any negligent or deliberately wrongful act or omission of Animal Health Australia (or any of its directors, officers or employees). Animal Health Australia will hold the rights of the other parties comprising the Indemnitee on trust for those parties.

I agree that I will perform the services in the APAV and any APAV Operational Program solely at my own risk and I accept that, in accordance with clause 13 of the APAV Policies and Procedures (2016) Animal Health Australia is not responsible for any liability or loss incurred by me or any employee, agent or representative or mine in connection with the carrying out of the APAV, except where the liability or loss is as a direct consequence of any negligent or deliberately wrongful act or omission of Animal Health Australia (or any of its directors, officers or employees) in which case Animal Health Australia will be liable for the proportion of the liability or loss which is a direct consequence (and excluding any indirect liability or loss) of that negligent or deliberately wrongful act or omission.

Signed Date / /

Print name

Practice Name

Practice Address

Suburb / Town Postcode

Date of birth

Phone (W) Facsimile (W)

Mobile

Email

Privacy Statement

This statement is specific to the Accreditation Program for Australian Veterinarians (APAV) and should be read in conjunction with Animal Health Australia's Privacy Statement which may be accessed on the Animal Health Australia website at www.animalhealthaustralia.com.au. When you provide personal information in an Application for Entry into the Accreditation Program for Australian Veterinarians (APAV):

- We will record your name, Veterinary Board name, Veterinary accreditation number, address, date of birth, telephone and/or facsimile number and e-mail address.
- We will only use this information for purposes relevant to APAV: this includes the publishing of your accreditation details on the AHA website.
- Your personal information will be added to a mailing list, but only for the purpose of providing you with information arising from or in connection with APAV.
- We will not disclose your personal information without your consent except where Animal Health Australia may be required by law to disclose it.

At your request we will provide you with access to all information that we have collected about you in accordance with the Privacy Act 1988 (and amendments). To gain access to your information, contact us at Animal Health Australia, PO Box 5116, Braddon ACT 2612. If you believe that this information is inaccurate, incomplete or out of date please tell us so that we may correct it.

Please return this completed form to:

APAV Administrator
Animal Health Australia
PO Box 5116
Braddon ACT 2612
apav@animalhealthaustralia.com.au
Phone: 02 6232 5522

