

PO Box 1034
BANKSTOWN NSW 1885
T 02 9722 6613
F 02 8580 5792
registration@hrnsw.com.au
www.hrnsw.com.au

APPLICATION FOR AN ARTIFICIAL BREEDING TECHNICIAN LICENCE FOR REGISTERED STANDARDBRED MARES – 2020/2021 BREEDING SEASON

This application is to be completed in full and submitted with any additional documentation as may be requested herein. Note that applicants issued an Artificial Breeding Technician licence by HRNSW are licenced on the provision that they are to only undertake AI procedures on registered Standardbred mares using fresh, chilled or frozen semen obtained from stallions registered with HRNSW for the application season.

Title	itle Surname					Given Name	Given Names					
Postal A	ddress											Post Code
Home / Work Contact Number				Mobile				Date of Birth				
email ac	ldress			<u> </u>								
			<u>THI</u>	E FOLLO	OWING QUEST	TIONS MU	JST	BE RESPO	ONDED) <u>TO</u>		
•	(for licen through transcrip	(s) u cing p a tra ats, et	ndertaken and yourposes, HRNSW will	ear(s) of	f completion: gnise Artificial Bree the Veterinary Pra	ding Technic ictitioners Bo	ians	whom have o	ompletec	d an industry recognised de copies of your qualip	AI Ca	ourse of Instruction
Please co		and r					& L	icencing Off	Dat icer. No	te ote that you will be re	equir	red to provide (if
HRNSW (ich documents on t	·			our	NSW Driver	s Licence	e or Australian Passpo	ort)	
			Police Certificate								-,	
	Digita	ıl Ph	otograph (JPEG er	mailed to	registration@hr	nsw.com.a	<u>u</u> or	passport ph	oto mai	led with renewal)		

Note that, per the directions of the Veterinary Practitioners Board of NSW, applicants are required to provide a **Supervising Veterinarian Declaration** (printed on the reverse of this licence application) which is to be completed in conjunction with the registered veterinarian whom will provide you with general supervision in relation to the Al procedures that you undertake (ie: the registered individual that provides you with general equine veterinary services, drugs or medications as required and is your first point of contact if there are concerns or adverse events associated with your Al activities and procedures). The provision of the completed Supervising Veterinarian Declaration form is a mandatory requirement.



Supervising Veterinarian Declaration

Issue	June 2018
Review	Annually
Ref number	FR03

I	Given name(s)									
	Family name									
	Registration number:	N								
of										
Principal place of work										
OI WOIK										
						Postcode				
	Hospital licence number:	L		(if these are license	ed premises)					
Hereby undertake to supervise the person named below in the manner determined by the Board ¹ for the period and purpose stated below. I understand that the <i>Veterinary Practice Act 2003</i> (s 35(f)) defines failure to provide adequate supervision as unsatisfactory professional conduct.										
	Given name(s)									
	Family name									
	Registration or Accreditation									
	number: Jurisdiction									
of						l				
Principal place										
of residence										
	State or Territory					Postcode				
Constant data and a section										
Supervising period			1 September 2020 to 31 August 2021							
Specific purpose of supervision		Provide general supervision to the above person for the purpose of performing AI in Standardbred horses for HRNSW.								
					1					
Signature					Date					
					-					
Veterinary Practition	ers Board of NSW				Telephor	ne: (02)	8338 1177			

 $^{\rm 1}\,\mbox{Refer}$ to policy on requirement for supervised practice

Suite 7.09, 247 Coward St

Mascot NSW 2020

admin@vpb.nsw.gov.au www.vpb.nsw.gov.au

Email:

Website: