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APPLICATION FOR AN ARTIFICIAL BREEDING TECHNICIAN LICENCE FOR REGISTERED STANDARDBRED MARES – 2019/2020 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		_			Giv	Given Names					
Postal A	ddress											Post Code
Home / Work Contact Number				Mol	Mobile				Date of Birth			
email ac	ddress											
			TH	E FOLLOW	ING QUESTIO	NS MUS	T BE	E RESPO	NDED	<u>TO</u>		
•	(for licen through transcrip	(s) u cing p a tra ats, et	ndertaken and yourposes, HRNSW will	ear(s) of co	mpletion: e Artificial Breeding Veterinary Practitio	Technicians	s who	om have co	ompleted ase includ	an industry recognised and ind	AI Ca	ourse of Instruction
Signatui	re of Appli	icant							Date	e		
			eturn this application of the documents on the documents of the documents			gistrar & l	Licen	ncing Offi	cer. Not	te that you will be re	quir	ed to provide (if
	Identi	ifica	ion (copy of Birth	Certificate o	r a clear colour co	ppy of your	· NSI	W Drivers	Licence	or Australian Passpo	rt)	
National Police Certificate (only accepted if issued by the NSW Police Service, <u>www.police.nsw.gov.au</u>)												
	Digita	l Ph	otograph (JPEG ei	mailed to <u>reg</u>	<u>istration@hrnsw</u>	<u>.com.au</u> oi	r pas	ssport ph	oto maile	ed 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 AI 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 AI 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

1	Given name(s)									
	Family name									
	Registration number:	N								
of										
Principal place of work										
						Postcode				
	Hospital licence number:	L		(if these are licensed p	oremises)					
			amed below in the manner o 2003 (s 35(f)) defines failure							
	Given name(s)									
	Family name									
	Registration or Accreditation number: Jurisdiction									
of										
Principal place of residence										
or residence										
	State or Territory					Postcode				
Supervising period	d									
Specific purpose of supervision			Provide general supervision to the above person for the purpose of performing AI in Standardbred horses for HRNSW.							
Cinnatus:					D-1					
Signature					Date					
Veterinary Practition Suite 7.09. 247 Cowa					Telephor Email:) 8338 1177 nin@vpb.nsw.gov.au			

Mascot NSW 2020

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Website: www.vpb.nsw.gov.au

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