Veterinary Surgeons Board of Queensland

Primary Industries Building
80 Ann Street, Brisbane

Address Correspondence to:
The Registrar
Veterinary Surgeons Board of Qld
GPO Box 46, Brisbane Qld 4001
Telephone: (07) 30878777
Facsimile: 30878144
Email: vsbqld@daf.qld.gov.au
Website: www.vsb.qld.gov.au

Certificate of good fame and character

I, _____ (full legal name)

_____ (occupation)

of _____ (residential address)

_____ (phone and/or email)

Certify that the applicant

_____ (applicant's name)

☐ **is not related to me by blood or marriage;**

☐ **has been known to me for at least 12 months;**

☐ **is known to me in a supervisory capacity (professional, academic or other); i.e.**

_____

(please describe your supervisory relationship, including relevant details such as your role or title and the name of the veterinary practice, business, academic institution or other organisation.)

With regard to suitability to be registered as a veterinary surgeon, the applicant has advised me that he/she:

☐ **has not disclosed any matters to the Board;**

OR

☐ **has disclosed details of the following matters to the Board:**

_____

(Briefly describe these matters.)

In my opinion the Applicant is of good fame and character and a fit and proper person to be registered as a veterinary surgeon in Queensland.

_____

Signature

_____

Date