



# Registration Application Form



## Veterinary Nurses - Ireland

You are required to submit this registration application form, accompanied by all required documents, by email to [registration@vci.ie](mailto:registration@vci.ie) or online at [www.vci.ie/Register](http://www.vci.ie/Register)

The following documents must accompany this application form:

- \*A Certified\* scanned copy of your [Academic Qualification](#);
- \*A Certified\* scanned copy of your [Academic Transcript](#);
- \*A Certified\* scanned copy of the ID page of your [Passport](#);
- \*A Certified\* or original letter/certificate of current professional standing from all Competent Authorities you are or have been registered with *since the removal of your name from the Register*. Letters/certificates submitted cannot be more than 3 months old on the day your registration is restored with the Council.

Information about requirements to submit certified\* documents is available on page 9 of this form.

**THIS FORM MUST BE COMPLETED IN FULL IN BLOCK CAPITALS AND SIGNED**

Please note that you are not registered until your name appears on the Register. You will be notified by this office when you have been entered onto the Register. If you do not appear on the Register you cannot work as a veterinary practitioner or call yourself a veterinary practitioner.

**Incomplete applications will not be considered. Please complete the check-list below:  
(PLEASE TICK)**

1. I enclose with this application the **required documentation** as listed above
2. I have completed all sections the **registration application form** in full:

Section A – Personal Details

Section B – Details of Qualification and University

Section C – Processing of Data

Section D – Registration with Other Bodies

Section E – Premises Accreditation Scheme

Section F – Declarations by the Applicant

Section G – Declaration for Registration

## SECTION A – PERSONAL DETAILS

Information marked with an \* is public information and will be displayed, in addition to your registration number, in the Register of Veterinary Nurses that is published in accordance with section 37 of the Veterinary Practice Act 2005, as amended.

### PLEASE USE BLOCK CAPITALS ONLY

<b>*Title</b>	Dr	Mr	Miss	Mrs	Ms	Other ( <i>Please specify</i> )	<input type="text"/>				
<b>*Surname(s)</b>	<input type="text"/>										
	<i>(this must be the same as shown in your passport or ID documents)</i>										
<b>*Forename(s):</b>	<input type="text"/>										
	<i>(this must be the same as shown in your passport or ID documents)</i>										
<b>Address:</b> (this will be your registered address used for all VCI postal correspondence)	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
<b>Date of Birth:</b>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Place of birth:</b>	<input type="text"/>										
<b>Nationality:</b> (at present)	<input type="text"/>										
<b>Main Telephone:</b>	<input type="text"/>										
<b>Mobile Number:</b>	<input type="text"/>										
<b>Main Email:</b>	<input type="text"/>										
<b>Work Email:</b>	<input type="text"/>										
<b>Website:</b>	<input type="text"/>										

Your contact information may be displayed, subject to your permission, in the Registrant Extranet, see Section C.

## SECTION B – DETAILS OF QUALIFICATION AND UNIVERSITY

Information marked with an \* is public information and will be displayed, in addition to your registration number, in the Register of Veterinary Nurses that is published in accordance with section 37 of the Veterinary Practice Act 2005, as amended.

**\*Title of Primary Veterinary Qualification (as shown on your qualification certificate):**

**Name of Awarding University:**

**Address of Awarding University:**

**Date of Award/Graduation:**

  /   /    

Certified copies of additional qualifications relating to your veterinary medicine qualification may be submitted with your application for inclusion on the Register at the discretion of the Council.

## SECTION C – PROCESSING OF DATA

Please note that the Veterinary Council of Ireland may process your personal data in accordance with its Data Protection Statement which can be accessed on the VCI website [here](#) or by contacting the VCI office on 01 668 4402.

***I agree that my register data (title, name, Register number, university attended, qualification obtained, and graduation year), and personal data (phone numbers, Register address, email address and website address) may be used for the purposes of:***

**Please confirm by ticking  in the relevant box**

Publication in the Registrants Extranet (this information can only be accessed by registered persons logged into the website).

Communications from the VCI (to include the VCI newsletter, consultations, information and guidance updates from the VCI, as relevant from time to time).

## SECTION D – REGISTRATION WITH OTHER BODIES

**Since your qualification was awarded to you, have you practised veterinary medicine in any State or jurisdiction?**

**YES\***      **NO**

**\*If yes**, please provide details.

**Have you been in the practise of veterinary medicine in the previous five years?**

**YES**      **NO\***

**\*If no**, please explain why you have not been in practise.

**Are you currently or have you previously been registered with a Registration Authority outside Ireland?**

**YES\***      **NO**

**\*If yes**, then please provide details of each registration in the fields provided below:

**Registration Authority 1**

Registration Number

Date of Registration:   /   /

Date Registration Ceased:   /   /

You must provide a letter or certificate confirming your current professional status from this Registration Authority with your application. The letter/certificate must not be older than three months on the day you register with the VCI.

**Registration Authority 2**

Registration Number

Date of Registration:   /   /

Date Registration Ceased:   /   /

You must provide a letter or certificate confirming your current professional status from this Registration Authority with your application. The letter/certificate must not be older than three months on the day you register with the VCI.

**Registration Authority 3**

Registration Number

Date of Registration:   /   /

Date Registration Ceased:   /   /

You must provide a letter or certificate confirming your current professional status from this Registration Authority with your application. The letter/certificate must not be older than three months on the day you register with the VCI.

**Registration Authority 4**

Registration Number

Date of Registration:   /   /

Date Registration Ceased:   /   /

You must provide a letter or certificate confirming your current professional status from this Registration Authority with your application. The letter/certificate must not be older than three months on the day you register with the VCI.

**Information for Applicants:**

*Under Veterinary Council of Ireland (Recognition of Qualifications and Registration) (Veterinary Nurses) Regulations 2022, where an applicant for registration has held veterinary nurse registration previously with the Veterinary Council or with any licensing or registration veterinary nurse body (“registration authority”), the application shall include:*

- a. Details of all veterinary nurse registrations currently or previously held by the applicant, including, in the case of an applicant previously registered with the Council, the registration number associated with such registration; and*
- b. Evidence of the applicant’s good standing or current professional status in relation to all veterinary nurse registrations currently or previously held by the applicant.*

*An applicant for registration shall not be required to include details listed at a or b where they are a new graduate of veterinary nursing and have not carried out practice since his/her qualification was awarded to them.*

*Under Veterinary Council of Ireland (Recognition of Qualifications and Registration) (Veterinary Nurses) Regulations 2022, an application for registration in the register shall include, where applicable, details of the applicant’s professional experience. An applicant may be asked to submit details of their professional experience with their application in the form of a resume or curriculum vitae (CV).*

## SECTION E – PREMISES ACCREDITATION SCHEME

Please provide the Veterinary Council of Ireland with information about your practice arrangements. Please complete the appropriate box or boxes.

**1. I am/will be employed to practise veterinary nursing at and/or from the following registered veterinary premises in the Republic of Ireland:**

*\* please insert the name and address of the premises in the Republic of Ireland, and if you will be practising at and/or from more than one premises, please list each one*

**2. I am/will be employed to practise veterinary nursing at a \*State Premises and/or an \*exempted place.**

(if practising at more than one State Premises/exempted place, please list each one)

*\* The Veterinary Practice Act 2005, as amended defines a “state premises” as a veterinary premises under the control of (a) a Minister of the Government, or (b) a local authority. The Veterinary Practice Act 2005, as amended defines an “exempted place” as a place where the practice of veterinary nursing by a registered nurse occurs— (a) under regulations made under the European Communities Act 1972, (b) by or under an Act that relates to— (i) export or slaughter of animals, or (ii) export of meat, or (c) under regulations made under section 107.*

**3. I am not currently employed to practise veterinary nursing.**

(Tick only if you are non-practising veterinary nurse. If you commence practice following registration, you must update the Council by contacting the office and completing a Premises Accreditation Scheme “PAS” declaration form.

## SECTION F – DECLARATION BY APPLICANT

Please confirm by ticking  in the relevant box; **I, the applicant, declare that:**

I am applying for registration in the Register of Veterinary Nurses.

I am of good character and repute and not an undischarged bankrupt.

I have not been convicted of an indictable offence in the State or elsewhere.

I have not been prohibited from practising or suspended from the practice of veterinary nursing either under Part 7 of the Veterinary Practice Act 2005, as amended or provisions corresponding to those contained in that Part in force in another State, by reason of a conviction for an offence or serious misconduct in connection with the carrying out of professional duties as a veterinary nurse.

I will adhere to the standards for veterinary nurses published by the Council in the Code of Professional Conduct (available [here](#)) and Continuing Veterinary Education requirements (available [here](#)), Premises Accreditation Scheme requirements (available [here](#)), and Registration requirements.

I have in place, or will by the time I start to practise, an appropriate indemnity arrangement that complies with the Veterinary Council’s Professional Indemnity Regulations (available [here](#)).

I am aware that I am under a duty to notify the Registrar of any changes to my name, address or other contact details.

The information that I have provided in this form and in any supporting documents is complete, true and accurate.

I solemnly and sincerely declare that I will, to the best of my ability, uphold the honour, dignity and integrity of the veterinary profession, that I will promote the welfare of animals entrusted to my care and that I will abide by the rulings of the Veterinary Council.

**I understand that:**

If I am found to have given false or misleading information in connection with my application for registration, this may result in disciplinary proceedings or my removal from the Register.

Signed

*(Your signature must be on the submitted document)*

Print Full Name

Dated this

		/			/				
DAY			MONTH			YEAR			

## SECTION G - DECLARATION FOR REGISTRATION

### Declaration by Applicant for Registration

Date: .....

I ..... having completed the registration process set out by the Veterinary Council of Ireland and paid the appropriate fee to apply to join the Register of Veterinary Nurses of Ireland..

I undertake to access the New Registrant Information Pack provided on the Extranet section of the VCI website and in particular the code of Professional conduct for Veterinary Nurses.

I understand that by signing the Register abstract below that I will have completed the Registration process with the Veterinary Council of Ireland and my name will be entered to the Register of Veterinary Nurses of Ireland.

### Declaration

I SOLEMNLY AND SINCERELY DECLARE, THAT I WILL TO THE BEST OF MY ABILITY, UPHOLD THE HONOUR, DIGNITY AND INTEGRITY OF THE VETERINARY PROFESSION, THAT I WILL PROMOTE THE WELFARE OF ANIMALS ENTRUSTED TO MY CARE AND THAT I WILL ABIDE BY THE RULINGS OF THE VETERINARY COUNCIL.

I confirm that have read and understand the above declaration.

Signature

Registration Number  
(OFFICE ONLY)



## Next Steps:

1. Download and submit the registration application form, along with the required documentation listed on page one by email to [registration@vci.ie](mailto:registration@vci.ie) OR online at [www.vci.ie/Register](http://www.vci.ie/Register).
2. Please allow up to 10 working days for us to consider your application, if there is a problem with your submissions, or if we require further clarification based on the information you have provided, we will respond to you by email. Note that this may delay your application.
3. Once your application has been approved, we will contact you by email with instructions for paying your fee and registering remotely.

*\*Note that you are not permitted to practise until you have received explicit email confirmation from this office that you have been entered onto the Register.*

## \*Certified Copy

Certified copy means a translated copy of a document with an endorsement (signature, stamp and date) on the actual translated copy which states that an appropriate person has seen the original document and certifies that the translated copy of that document is a true translation of the original. The translated copy must be certified by an independent person other than the applicant, ie a Solicitor, a Garda Síochána etc, and–

- (a) in the case of a translated document proving identity (birth certificate or current passport), means a translated copy of such document certified by a member of An Garda Síochána, a Peace Commissioner, a solicitor or a Commissioner for Oaths, with an original clearly legible stamp affixed on the translation
- (b) in the case of a translated transcript, parchment, diploma supplement, course handbook or course related documentation, means a copy of such document certified by a member of An Garda Síochána, a Peace Commissioner, a solicitor, a Commissioner for Oaths or registrar's or registry office of the higher education institution, college or university where the qualification in question was awarded (translated copies of parchments that are provided along with original transcripts do not need to be notarised), and
- (c) in the case of a transcript or statement of results that has been printed from an internet student portal, means a translated copy of such document stamped by the registrar's or registry office of the college or university where the qualification in question was awarded;