

## 香港獸醫管理局

## THE VETERINARY SURGEONS BOARD OF HONG KONG

## 執業許可證申請 APPLICATION FOR PERMIT

## 根據《獸醫註冊條例》第 16(2)條 UNDER SECTION 16(2) OF VETERINARY SURGEONS REGISTRATION ORDINANCE

## 申請人須知 GUIDE TO APPLICANTS

2017年4月24日修訂 Revised on 24 April 2017

中、英文文本之文義如有任何歧異,在任何情況下概以英文文本為準。 If there is any inconsistency or conflict between the English and Chinese versions, the English version shall prevail for all purposes.

#### <u>說明</u> Introduction

當局設立獸醫註冊制度,目的是確保獸醫達到專業水平和具備良好操守。註冊制度的法定基礎載於香港法例第529章《獸醫註冊條例》(以下簡稱"該條例"),如欲查閱該條例,可從互聯網站 <u>http://hklaw.ccgo.hksarg/chi/home.htm</u>下載。 獸醫管理局(以下簡稱"管理局")已就獸醫的註冊、執業證明書和執業許可證等事宜 定下規則,名為《獸醫管理局(獸醫註冊)規則》(以下簡稱"該規則")。該規則可 向獸醫管理局秘書處索取(地址:香港九龍長沙灣道303號長沙灣政府合署5樓), 或可從互聯網站 <u>www.vsbhk.org.hk</u>下載。

The purpose of registration of veterinary surgeons is to ensure the professional competence and good conduct of veterinary surgeons. The statutory basis for registration is contained in the Veterinary Surgeons Registration Ordinance (henceforth called "the Ordinance"), Cap. 529. The Ordinance can be obtained from the Internet at <u>http://hklaw.ccgo.hksarg/eng/home.htm</u>. The Veterinary Surgeons Board (henceforth called "the Board") has made rules, the Veterinary Surgeons Board (Registration of Veterinary Surgeons) Rules (henceforth called "the Rules"), for matters pertaining to the registration of veterinary surgeons, practising certificates and permits to practise. Copies of the Rules are obtainable from the Secretariat of the Veterinary Surgeons Board, 5/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon, Hong Kong. The Rules can also be obtained from the Internet at <u>www.vsbhk.org.hk</u>.

 任何合資格在其他司法管轄區作獸醫外科學執業人士,如有意在本港 臨時及為某特定目的而執業,可向管理局申請執業許可證。任何人士如非香港註冊 獸醫並持有現時有效的執業證明書而在本港作獸醫外科學執業或提供獸醫服務則 屬違法,除非該人根據條例第16(2)條持有管理局發出的執業許可證。

If a person who is qualified to practise veterinary surgery in another jurisdiction wishes to practise in Hong Kong temporarily and for a specific purpose, he may apply to the Board for a valid permit in order to enable him to do so. It is an offence for a person who is not registered and in possession of a practising certificate to practise veterinary surgery or provide a veterinary service in Hong Kong unless he is practising under a permit issued by the Board under the provisions of section 16(2) of the Ordinance.

**3**. 任何有意在指定獸醫診所接受臨床訓練以符合管理局註冊要求的人士,必須持有管理局發出的有效執業許可證。

A person who intends to receive clinical training at a veterinary practice designated by the Board for the purpose of satisfying the registration requirements set by the Board must be in possession of a valid permit issued by the Board.

### <u>怎樣申請執業許可證</u> <u>How to apply for a permit</u>

4. 根據該條例第 16(2) 條申請註冊必須 — An application for a permit under section 16(2) of the Ordinance

must -

- (a) 以書面方式提出,並載有下列詳情 –
   be in writing, containing the following particulars -
  - (i) 申請人的個人詳情;the personal particulars of the applicant;
  - (ii) 可供送達管理局所發出通知的地址;the address at which notices from the Board may be served;
  - (iii) 關於申請人曾否在香港或外地被裁定犯罪,以及曾否被裁定在專業方面犯失當或疏忽行為的陳述;
     a statement as to whether the applicant has or has not been convicted in Hong Kong or elsewhere of any offence which may bring the profession into disrepute and as to whether the applicant has or has not been found guilty of misconduct or neglect in a professional respect;
  - (iv) 申請人所持有的資格;the qualifications held by the applicant;
  - (v) 申請執業許可證的目的;以及 the purpose for which the permit is required; and
  - (vi) 需要執業許可證的期間。 the period for which the permit is required.
- (b) 將申請送交秘書,並連同申請人的照片一張,照片的尺寸不得 超過 50×70 毫米及不得小於 40×60 毫米,並由一位適當的人士 在照片上簽署(請參閱下文第 6 段)。
  be delivered to the Secretary, together with one photograph of the applicant of a size not greater than 50 x 70 mm and not less than 40 x 60 mm, the front of which should be signed across by the appropriate person. (Please refer to para. 6 below).

5. 申請表格已附於此申請人須知之後,亦可從管理局的官方網站 www.vsbhk.org.hk下載。網上申請恕不接受。

An application form is attached to the end of this Guide to Applicants and downloadable from the website at <u>www.vsbhk.org.hk</u>. However, on-line application is not acceptable.

#### <u>如何填寫註冊申請表格</u> <u>How to complete application forms for a permit</u>

- 6.填妥的申請表格必須在下述人士在場時作出聲明 —<br/>Completed application forms must be declared in the presence of -
  - (a) 如申請人在香港作出聲明,該人士須為一名大律師、律師、監 誓員、公證人或註冊獸醫;或
     if the declaration is made in Hong Kong, a barrister, solicitor, a commissioner for oaths, a notary public or a registered veterinary surgeon; or
  - (b) 如申請人在香港以外地方作出聲明,該人士須為一名公證人, if the declaration is made outside Hong Kong, a notary public,

及該名人士須在申請人的照片正面之上簽署。 who shall also sign across the front of the applicant's photograph.

#### 7. 執業許可證申請人必須提供以下文件 —

The applicant for a permit must provide the following -

- (a) 證明申請人所持有的學位或資格的文憑、證明書或文件的經核 證真實副本;
   a certified true copy of the diploma, certificate or document evidencing the degree or qualification of the applicant;
- (b) 申請人的身分證或護照或管理局認為可以接受的其他身分證明 文件的經核證真實副本;
   a certified true copy of the applicant's identity card or passport or other proof of identity acceptable to the Board;
- (c) 就申請人身分的證明,須由下述人士以陳述的正本的形式提供 —
   evidence of the applicant's identity in the form of an original copy of a statement by –

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(i) 如申請人在香港作出聲明,該人士須為一名大律師、律師、監誓員、公證人或註冊獸醫;或

**if the declaration is made in Hong Kong**, a barrister, a solicitor, a commissioner for oaths, a notary public or a registered veterinary surgeon; or

(ii) 如申請人在香港以外地方作出聲明,該人士須為一名公證人,

**if the declaration is made outside Hong Kong**, a notary public,

而陳述的意思是指該名人士已親自檢查並信納申請表格上所提 供的申請人個人詳情及照片是與申請人的身分證或護照或兩者 所顯示的詳情及照片相同;

to the effect that he has personally checked and is satisfied that the applicant's personal particulars and photograph provided with the application form are the same as shown in the applicant's identity card or passport or both;

- (d) 由香港以外任何國家或地區發出的,及在申請執業許可證日期 有效的執業證明書,或其他相等的文件證據證明申請人有權以 獸醫身分執業的經核證真實副本;
   a certified true copy of a practising certificate issued in any state or territory outside Hong Kong and valid at the date of application for a permit, or other equivalent documentary evidence of entitlement to practise as a veterinary surgeon;
- 由每一所申請人曾經或現正註冊為獸醫的香港以外國家或地區的獸醫當局,於本申請前 3 個月內簽發的良好聲譽證明書的正本,該證明書須<u>直接</u>由有關當局送交秘書;
   an original copy of a certificate of good standing issued within 3 months prior to the application by each veterinary authority of a state or territory outside Hong Kong with which the applicant is registered as a veterinary surgeon or was registered as a veterinary surgeon, with such certificate to be sent <u>directly</u> to the Secretary by the authority concerned;
- (f) 由最少兩名並非申請人親屬的人士,於本申請前 6 個月內對申請人的品格所作的評介的正本,該等人士須已認識申請人最少 12 個月,並須有機會判斷其品格;和 original copies of references as to the applicant's character given within 6 months before this application from at least 2 persons, not being relatives of the applicant, who have known

the applicant for at least 12 months and who have had the opportunity of judging his character; and

(g) 證明申請執業許可證的目的及執業許可證所需期限的聘書或其 他文件的經核證真實副本。

a certified true copy of the letter of appointment or other document evidencing the purpose and the period for which the permit is required.

8. 倘申請人的身分證、護照或其他身分證明文件上的姓名(該姓名會接納 作批核執業許可證之用),與其他所提交文件上的姓名有任何不同,申請人須解釋 出現不同的原因,並須證明所有文件所提述的姓名均是指稱他。申請人若透過非宗 教儀式宣誓、誓章或法定聲明,表明所有該等姓名均是指稱他,可作為這方面的充 分證明。

If there is any difference between the applicant's name in his identity card, passport or other proof of identity (which will be the name accepted for the purpose of issuing the permit) and the name in other documents submitted, the applicant is required to provide an explanation for the difference and to prove that all the documents refer to him. An affirmation, affidavit or statutory declaration by the applicant that all those names refer to him will be sufficient proof for such purpose.

**9**. 申請人須向秘書提供可供送達管理局所發出通知的地址,如該地址有任何變更,申請人須在28日內,把有關變更通知秘書。

The applicant must provide the Secretary with an address at which notices from the Board may be served and within 28 days notify the Secretary of any change to the same.

**10.** 請注意,秘書可聯絡獸醫培訓機構、香港以外國家或地區的註冊當局,以及諮詢人,以核實申請人的資料或索取進一步資料。秘書亦可就申請執業許可證的目的及執業許可證所需期限聯絡任何人,以核實資料或索取進一步資料。

Please note that the Secretary may approach a veterinary training institute, a registration authority of a state or territory outside Hong Kong and a referee for the verification of or for further information in relation to the applicant. The Secretary may also approach any person for the verification of or for further information in relation to the purpose and the period for which the permit is required.

11. 秘書可要求申請人提供任何其他文件,包括但不限於管理局指定或核 准的註冊證明書或經驗證明書。

The Secretary may also require the applicant to produce any other document, including but not limited to a certificate of registration or experience as specified or approved by the Board.

12. 請注意,根據香港法例刑事罪行條例(第 200 章)第 37 條,任何人故 意作出或提出或導致作出或導致提出他知道是屬虛假或欺詐的口頭或書面聲明、證 明或申述,藉以促致或企圖促致其本人登記在根據或依據當其時有效的成文法則而 備存的登記冊或名單內,而在該登記冊或名單內登記的人,是在法律上具資格從事 某種行業或職業的,即屬犯罪,一經循公訴程序定罪,可處監禁及罰款。

Please note that according to section 37 of the Crimes Ordinance (Cap. 200) of Hong Kong, a person procures or attempts to procure himself to be registered to practise any vocation or calling by willfully making or producing either verbally or in writing any declaration, certificate or representation which he knows to be false or fraudulent, shall be guilty of an offence and shall be liable on conviction upon indictment to imprisonment and to a fine.

## <u>個人資料</u> <u>Personal Data</u>

**13.** 申請人提供的資料,將用於其執業許可證申請,以及用於管理局按照 該條例而進行的相關事項。

The information provided will be used for the application for a permit and for related matters carried out by the Board under the Ordinance.

14. 申請人提供的個人資料有助管理局處理其申請,假如資料不足,閣下的執業許可證申請,可能不予受理。

The provision of personal data is to facilitate the processing of your application. If you do not provide sufficient information, your application for permit may not be processed.

15. 根據《個人資料(私隱)條例》第 18 條、22 條及附表 1 第 6 項原則的 規定,申請人有權查閱和更正個人資料,查閱權包括有權索取為這項申請而提供的 個人資料副本。但申請人可能需要繳交費用,才能取得要求查閱的資料。

You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided in your application. A fee may be imposed for complying with a data access request.

 16.
 如欲查詢已提供的個人資料,包括查閱或更正資料,請聯絡以下人士:

 Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to –

香港獸醫管理局秘書 香港九龍長沙灣道 303 號 長沙灣政府合署 5 樓 電話號碼:(852) 2150 6693 傳真號碼:(852) 2730 3256 電郵地址: enquiry@vsbhk.org.hk

Secretary, Veterinary Surgeons Board of Hong Kong 5/F, Cheung Sha Wan Government Offices 303 Cheung Sha Wan Road, Kowloon Hong Kong Tel. No. (852) 2150 6693 Fax. No. (852) 2730 3256 E-mail address : enquiry@vsbhk.org.hk

#### <u>可供送達管理局所發出通知的地址</u> Address at which notices from the Board may be served

17. 申請人應在附件 I 上填上可供送達管理局所發出通知的地址,日後的信件會寄往該處。申請人請填上其他聯絡方法,例如電郵地址、傳真號碼或電話號碼,方便管理局秘書處就這項申請與你聯絡。附件需連同申請表格一併遞交。

Applicants are requested to provide the address at which notices from the Board may be served at **Appendix I**. Future correspondence will be sent to the address given. To facilitate the Board Secretariat to communicate with you regarding your application, it would be helpful if you would also provide other means that you could be contacted e.g. e-mail address, fax no. or telephone no. Appendix I should be submitted with the application form.

#### <u>如何交回已填妥的申請表格</u> <u>How to return the completed application forms</u>

18. 申請人請把已填妥的申請表格連同所有相關文件,親身或委派代表送 交或以掛號郵件方式寄交**獸醫管理局秘書(地址:香港九龍長沙灣道 303 號長沙灣**政府合署 5 樓)。

Completed application forms, together with all related documents, may be returned in person (either by the applicant himself or his representative) or by registered mail to the Secretary, Veterinary Surgeons Board, 5/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon, Hong Kong.

#### <u>辦公時間及查詢電話號碼</u> Office hours of counter services and enquiry telephone number

**19.** 管理局秘書處的辦公時間為星期一至五上午八時三十分至中午十二時 三十分,下午一時三十分至五時四十五分(星期六、日及公眾假期休息)。

Counter services in relation to applications for permit are provided from 8:30 a.m. to 12:30 p.m. and from 1:30 p.m. to 5:45 p.m. from Monday to Friday (closed on Saturday, Sunday and public holiday).

20.如有查詢,請聯絡管理局秘書處(電話號碼: (852) 2150 6693,傳真號碼: (852) 2730 3256,電郵地址: <a href="mailto:enquiry@vsbhk.org.hk">enquiry@vsbhk.org.hk</a>)。

For enquiries, please contact the Board Secretariat by telephone (852) 2150 6693 or fax (852) 2730 3256 or e-mail at enquiry@vsbhk.org.hk.

#### [申請表格只提供英文版,請以英文填寫] [Only English version is provided for the application form. Please complete in English.]

[rule 17]

#### VETERINARY SURGEONS REGISTRATION ORDINANCE

#### APPLICATION FOR PERMIT TO PRACTISE VETERINARY SURGERY IN HONG KONG

[Section 16(2)]

I [name]\_\_\_\_\_

of [address]\_\_\_\_\_

would like to apply for a permit to practise veterinary surgery in Hong Kong

from [*date*]\_\_\_\_\_\_ to [*date*]\_\_\_\_\_\_ in accordance with section 16(2) of the Veterinary Surgeons Registration Ordinance.

2. Please " $\checkmark$ " the appropriate box:-

I am intending to attend the <u>veterinary clinical training</u> in the following practice for the purposes of satisfying the registration requirements of the Veterinary Surgeons Board:-

(a) Name of veterinary practice:

(b) Address of veterinary practice:

I have been appointed to practise veterinary surgery in Hong Kong as follows:-

(a) Name of prospective employer:

(b) Nature of duties to be performed:

- (c) Address of veterinary practice:
- (d) Specific purpose:\_\_\_\_\_

#### 3. I hold the following qualifications:-

| Qualification | Where obtained | Date obtained |
|---------------|----------------|---------------|
|               |                |               |
|               |                |               |
|               |                |               |
|               |                |               |
|               |                |               |
|               |                |               |
|               |                |               |
|               |                |               |
|               |                |               |
|               |                |               |
|               |                |               |
|               |                |               |

(Please continue on a separate sheet if necessary)

#### 4. I have had the following post qualification clinical experience:-

| Date |    | Name and Address of | Full Description of Duties |
|------|----|---------------------|----------------------------|
| From | То | Employer            |                            |
|      |    | Name:               |                            |
|      |    | Address:            |                            |
|      |    | Tel:                |                            |
|      |    | Fax:                |                            |
|      |    | Email:              |                            |

| Da   | ate | Name and Address of | Full Description of Duties |
|------|-----|---------------------|----------------------------|
| From | То  | Employer            |                            |
|      |     | Name:               |                            |
|      |     | Address:            |                            |
|      |     | Tel:                |                            |
|      |     | Fax:                |                            |
|      |     | Email:              |                            |
|      |     | Name:               |                            |
|      |     | Address:            |                            |
|      |     | Tel:                |                            |
|      |     | Fax:                |                            |
|      |     | Email:              |                            |
|      |     | Name:               |                            |
|      |     | Address:            |                            |
|      |     | Tel:                |                            |
|      |     | Fax:                |                            |
|      |     | Email:              |                            |

(Please continue on a separate sheet if necessary)

5. I am/have been registered with the following veterinary authorities:

| Veterinary Authority | Date first registered | Presently registered<br>(Yes/No) |
|----------------------|-----------------------|----------------------------------|
|                      |                       |                                  |
|                      |                       |                                  |
|                      |                       |                                  |
|                      |                       |                                  |

(Please continue on a separate sheet if necessary)

- 6. Please " $\checkmark$ " the following box if you are practising in a jurisdiction which <u>does</u> not have a system of registration.
  - I am currently practising in a jurisdiction which does not have a system of registration. The details of my practice in that jurisdiction, together with an <u>explanation</u> as to how I am qualified to practise there are <u>attached hereto</u>. I also attach documentary evidence from the authority in that jurisdiction, confirming my qualification to practise.
- 7. Please " $\checkmark$ " the appropriate box:-
  - I <u>have not been convicted</u> in Hong Kong or elsewhere of any offence, nor have I ever been found guilty of misconduct in a professional respect, nor have I been sanctioned in any form in disciplinary proceedings (including sanction imposed as a result of settlement).

I <u>have been convicted</u> in Hong Kong or elsewhere of an offence, and/or I have been found guilty of misconduct in a professional respect, and/or there have been disciplinary proceedings against me resulting in sanction in any form (including sanction imposed as a result of settlement). The <u>details</u> are <u>attached hereto</u>.

- 8. Please " $\checkmark$ " the appropriate box:-
  - There are **<u>NO impending criminal or disciplinary proceedings</u> in Hong Kong or elsewhere against me.**
  - There are **<u>impending criminal and/or disciplinary proceedings</u> in Hong Kong or elsewhere against me. The details are attached hereto.**

9. I consent to the Board approaching a veterinary training institute, a registration authority of a state or territory outside Hong Kong and a referee for the verification of or for further information in relation to my application.

10. I solemnly and sincerely declare that the information provided by me in this application is true and correct.

Declared at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_20\_\_\_

(Signature of applicant)

Before me,

(Signature of attesting person)

(Name and address of attesting person)

Barrister/Solicitor/Registered Veterinary Surgeon/ Commissioner for Oaths/Notary Public \*/\*\*

\* Please delete as appropriate.

\*\* The declaration must be made before a Barrister, Solicitor, Registered Veterinary Surgeon, Commissioner for Oaths or Notary Public if the declaration is made in Hong Kong; or before a <u>Notary Public</u> if the declaration is made <u>outside Hong Kong</u>, who shall also sign across the front of the applicant's photograph.

WARNING: Any person who obtains a permit to practise veterinary surgery in Hong Kong for himself or any other person by means of any misleading, false or fraudulent representation or statement, either orally or in writing commits an offence and is liable to a fine and imprisonment by virtue of section 25(1)(d) of the Veterinary Surgeons Registration Ordinance (Cap 529).

# Evidence of identity

| I,(name)  |
|---|
| of  |
| (address)   |
| a *Barrister, Solicitor, Registered Veterinary Surgeon, Commissioner for Oaths or |
| Notary Public hereby confirm that I have personally checked the personal          |
| particulars of("applicant")   |
| and the photograph provided with the application form with the applicant's        |
| *identity card/passport No  |
| and I am satisfied that they are the same.  |
|   |
|   |
| Signed :  |

Date :

\*Please delete as appropriate

To facilitate the Board Secretariat to communicate with you regarding your application, it would be helpful if you would also provide other means of communication e.g. E-mail, Facsimile or Telephone etc.

Please complete the details CLEARLY and in BLOCK letters:-

| *Name   |
|---|
| */**Address at which notices from the Board may be served |
|   |
|   |
| Tel No.:  |
| (Home)  |
| (Mobile)  |
| Fax No. :   |
| E-mail :  |

\* must complete

\*\* According to rule 17(4) of the Rules of the Veterinary Surgeons Board (Registration of Veterinary Surgeons), an applicant must within 28 days notify the Secretary of the Veterinary Surgeons Board of any change to the address.