



**Greyhounds Australasia**

Sandown Greyhound Racing Complex  
Lightwood Road Springvale 3171  
Postal Address: P.O. Box 239 Springvale 3171  
Telephone: (03) 9548 3500  
Facsimile: (03) 9548 3488  
Email: admin@galtd.org.au

**APPLICATION AS AN APPROVED PERSON (FSI) UNDER THE FSI PROGRAM**

**ANNUAL FEE: \$225.00**

**1. APPLICANT**

Name \_\_\_\_\_ Post Code \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Business \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_ Fax \_\_\_\_\_

**2. QUALIFICATIONS**

List your qualifications and experience in the area of frozen semen insemination. Attach appropriate certification.

**3. IF APPLYING AS A REGISTERED VETERINARIAN**

State Veterinary Registration No. \_\_\_\_\_

I hereby agree to comply with the requirements of the Greyhound Registration Rules in relation to Approved Persons (FSI). I understand that any breach of those Rules is grounds for withdrawal of my authority to act as an Approved Person (FSI). In particular, I understand that an Authority representative may make periodic random inspections of any facility without notice to ensure that all greyhound related records, documents and other items are in order, and that a refusal to allow such an inspection is grounds for withdrawal of my authority to act as an Approved Person (FSI). NB: Each person is required to renew and be approved on an annual basis commencing 1<sup>st</sup> July each year.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature

**PLEASE RETURN THIS APPLICATION, ALONG WITH SUPPORTING DOCUMENTATION TO GREYHOUNDS AUSTRALASIA, WHO WILL DISCUSS YOUR REQUEST WITH YOUR RESPECTIVE CONTROLLING AUTHORITY.**

**PAYMENT DETAILS: - DO NOT SEND CASH IN THE MAIL.**

Cheque  Money Order  Amount: \$ \_\_\_\_\_ Master Card  Visa  Amount: \$ \_\_\_\_\_

Card Holders Name \_\_\_\_\_ Card No. \_\_\_\_\_ CCV No. \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ Card Holders Signature: \_\_\_\_\_

DISCLAIMER – Controlling Authorities have granted Greyhounds Australasia (GA) authority pursuant to respective state, territory or federal legislation to delegate administrative functions to GA for the collection and recording of data in respect of the FSI program. Controlling Authorities will continue to control and authorise registration in respect of regulating frozen semen practices, and as further referenced to on the GA website.

PRIVACY - GA is committed to protecting the privacy of individuals' personal information. GA will abide by the National Privacy Principles set out in the Privacy Act 1988 (Commonwealth) and will only collect, use or disclose personal information as required in accordance with the Act and or to support registration and otherwise in accordance with GA's privacy policy as established from time to time and as amended from time to time.

**OFFICE USE**

Jurisdiction \_\_\_\_\_ Approving Officer \_\_\_\_\_

Approval (Circle)      Granted      Denied      Date \_\_\_\_\_