



**PERSONAL DETAILS**

|                |  |          |  |                  |  |
|----------------|--|----------|--|------------------|--|
| Title          |  | Initials |  | Surname          |  |
| Telephone No.  |  |          |  | Cell Number      |  |
| Name           |  |          |  | Email address    |  |
| Postal Address |  |          |  | Physical Address |  |

**FACILITY DETAILS**

|   |                    |  |
|---|--------------------|--|
| Name of Practice/Company  |                    | GPS Coordinates E...../...../.....S...../...../..... |
| Province  |                    | Town/City  |
| Type of Services being rendered at the facility   |                    |  |
| Number of CCS veterinarians required  |                    |  |
| Postal Address  | Physical Address   |  |
| Type of Services to be rendered by the CCS veterinarians  |                    |  |
| Resources available at the facility   |                    |  |
| New Resources that may be required if CCS Veterinarian is to be allocated and estimated costs of such resources |                    |  |
| Will these new resources be provided?   | YES                | NO   |
| Will you require DAFF to provide these resources?   | YES                | NO   |
| If these resources cannot be provided by DAFF, would a CCS veterinarian still be required ?                     | YES                | NO   |
| Will a mentor be available to provide guidance for the CCS vet?   | YES                | NO   |
| If yes, please provide the following:   | Name of the Mentor |  |
|   | Qualification      |  |
|   | Contact details    |  |
| Will the mentor require compensation?   | YES                | NO   |
| If yes, please provide the estimated cost in Rands  |                    |  |
| If compensation cannot be provided by DAFF, would a CCS veterinarian still be required                          | YES                | NO   |

**SOCIAL RESOURCES**

|   |  |
|---|--|
| Ease of finding accommodation                               |  |
| Access to medical facilities in relation to accommodation   |  |
| Access to schools for children in relation to accommodation |  |
| Any additional information to support your CCS requests     |  |

Completed application to be sent to: The Director: Veterinary Public Health, Private Bag X 138, PRETORIA, 0001 Attention Dr Tina Engel, email: to TinaE@daff.gov.za Fax +27 12 319 7699