



Voluntary Bonding Scheme for Veterinarians (VBS)

Transfer of Practice Application and Guide

Graduates who transfer to a new practice are required to apply to remain in the scheme within one month of their transfer. The new practice and new position must meet the eligibility criteria of the scheme.

Any time taken between ceasing employment with one practice and commencing employment with the new practice will be considered as an absence as covered by the [VBS Terms and Conditions](#).

The Ministry for Primary Industries (MPI) will notify you in writing when your application has been approved.

To apply:

- complete and sign the Transfer of Practice Application;
- have the principal or manager at your new practice complete and sign the Eligibility of Practice Form; **OR** if you are self-employed, complete and sign the Eligibility of Practice Form for Self-Employed;
- provide supporting evidence:
 - a brief letter outlining the risk of the new practice having a staff shortage, either already apparent or expected within two to three years, and how the new practice will support a graduate's career development (not required for self-employed);
 - a copy of the job advertisement or job description.

Email the forms and supporting information to funding@mpi.govt.nz. MPI will only consider complete applications.

Eligible practices

An eligible veterinary practice:

- has an overall production animal focus; **or** is the only practice in the area servicing production animals and/or working dogs;
- is offering a graduate position that will be predominantly focused (at least 60%) on production animals and/or working dogs;
- can demonstrate good employer practices, including having systems in place to support a graduate's personal career development; and
- is at risk of having a staff shortage, either already apparent or expected within two to three years.



VBS Transfer of Practice Application

Applicant details *[please print]*

Name		
Address	Street and suburb:	
	Town/city:	Post code:
Phone	Work:	Mobile:
Email		

New Zealand citizenship/residency

- ☐ I am a New Zealand citizen; **OR**
☐ I have New Zealand permanent residency.

Registration to practice

- ☐ I am registered to practice as a veterinarian in New Zealand and have a current VCNZ practicing certificate.
☐ My VCNZ registration number is _____.

Practice and position eligibility

- ☐ I have been offered a position that is predominantly focused (at least 60%) on production animals and/or working dogs at an eligible practice.

Please tick one:

- ☐ This position is a permanent, full-time position; **OR**
☐ This position is a fixed-term, full-time position with a minimum contract period of two years; **OR**
☐ I am self-employed and have started my own practice.

Practice details

Name of current (or previous) practice	
Last date of employment at this practice	
Name of new practice	
First date of employment at new practice	



Graduate declaration

I, _____, wish to remain in the Voluntary Bonding Scheme for Veterinarians.

- ☐ I understand and agree that if I have a student loan, any incentive payment I receive will be paid against my student loan.*
- ☐ All information I have provided in this application is true and correct.
- ☐ I have read and agree to the [VBS Terms and Conditions](#).
- ☐ I acknowledge that failure to comply with the Terms and Conditions may result in the Ministry for Primary Industries declining to grant incentive payments.
- ☐ I will notify the Ministry for Primary Industries of any changes to my status or the information I have provided.
- ☐ I understand that to be eligible for the incentive payments as set out in the schedule of payments in the Terms and Conditions, I must maintain the status on which I was granted eligibility.
- ☐ I will complete an Application for Payment as required by the Ministry for Primary Industries.

* As an independent contractor or being self-employed, clause 4.2.3. is not applicable as I will be required to pay any and all taxes and other liabilities due on any incentive payments.

Signed:	Date:
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Pursuant to the Privacy Act 2020, the Ministry for Primary Industries advises that:

- this form collects information about applicants for the purpose of the allocation of incentive payments under the **Voluntary Bonding Scheme for Veterinarians**, improving the scheme, and associated research; and
- you have the right to access and correct the personal information you supplied to, and is held by, the Ministry for Primary Industries. If you wish to make a request, please email funding@mpi.govt.nz



VBS Eligibility of Practice Form

PRACTICE PRINCIPAL OR MANAGER TO COMPLETE

Name of practice and New Zealand Business Number (NZBN)		
Address of practice	Street and suburb:	
	Town/city:	Post code:
Name of practice principal/manager		
Phone	Practice:	Mobile:
Email		

I, _____, being the practice principal/manager, confirm that _____ (applicant's name) has a full-time, permanent position (or a full-time, fixed-term position with a minimum contract period of two years) at the practice shown above, commencing employment on _____ (date).

- ☐ I confirm that this practice is a _____ (type of practice) which is focused on production animals and/or working dogs and meets the definition of "eligible practice" as set out in the VBS [Terms and Conditions](#), with approximately ____ percent of the turnover generated by the practice coming from servicing production animals and/or working dogs; **OR**
- ☐ I confirm that this is the **only** practice in the area servicing production animals and/or working dogs.
- ☐ I confirm that approximately ____ percent of _____ (applicant's name) work is predominately focused (at least 60%) on production animals and/or working dogs.
- ☐ I confirm that this practice is at risk of having a workforce shortage, either already apparent or expected within two to three years. **Please provide a brief letter outlining this issue.**
- ☐ I confirm that this practice demonstrates good employer practices and has systems in place to support a graduate's career development. **Please provide a brief description of how the practice will support a graduate.**
- ☐ I agree that I will co-operate with the Ministry for Primary Industries to enable the applicant to receive incentive payments to which they are eligible to receive.

Signed:	Date:
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VBS Eligibility of Practice Form for Self-Employed

SELF-EMPLOYED PRACTICE MANAGER TO COMPLETE

Name of practice and New Zealand Business Number (NZBN)		
Address of practice	Street and suburb:	
	Town/city:	Post code:
Phone	Practice:	Mobile:
Email		

I, _____, being the practice manager, confirm that I have been self-employed at the practice shown above since _____ (date).

- ☐ I confirm that this practice is a _____ (type of practice) which is focused on production animals and/or working dogs and meets the definition of “eligible practice” as set out in the VBS [Terms and Conditions](#), with approximately ____ percent of the turnover generated by the practice coming from servicing production animals and/or working dogs; **OR**
- ☐ I confirm that this is the **only** practice in the area servicing production animals and/or working dogs.
- ☐ I confirm that my position in the practice will be predominately focused (at least 60%) on production animals and/or working dogs.
- ☐ I confirm that this practice is at risk of having a workforce shortage, either already apparent or expected within two to three years. **Please provide a brief letter outlining this issue.**
- ☐ I agree that I will cooperate with the Ministry for Primary Industries for requests for information to confirm eligibility of incentive payments to be made.

Signed:	Date:
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