



Abbeydale Vetlink

Veterinary Training Ltd

Application & Enrolment Form

Please select which course you are applying for: Level 3 Diploma in Veterinary Nursing
 Level 2 Veterinary Nursing Assistant

What month do you wish to start the course? _____

Applicant Information

Full Name: _____
Mr/Mrs/Miss/Ms First Name/s Surname

Address: _____
Street Address

Town/City County Postcode

Home Phone No: _____ Mobile Telephone No: _____

Email address: _____

National Insurance No: _____ Date of Birth _____

Diversity Monitoring Form

What is your country of nationality? _____

- | | | | | | |
|--------------------------|--|--------------------------|----------------------------|--------------------------|---|
| <input type="checkbox"/> | English/Welsh/
Scottish/ Northern
Irish/British | <input type="checkbox"/> | White and Black
African | <input type="checkbox"/> | African |
| <input type="checkbox"/> | Irish | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> | Caribbean |
| <input type="checkbox"/> | Asian Other | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Arab |
| <input type="checkbox"/> | Gypsy/Irish traveller
Any other white
background | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Any Other Ethnic Origin/Mixed Multiple
ethnic background |
| <input type="checkbox"/> | White and Black
Caribbean | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | I do not wish to specify an ethnic origin |
| <input type="checkbox"/> | | <input type="checkbox"/> | Chinese | | |

Have you been resident in the EU for the last three years? Yes No

Emergency Contact

Next of kin: _____ Relationship: _____

Address: _____

Emergency contact number/s

Academic Qualifications

HND/FdSC/ BSc Degree's	Grade	Date Taken
A'levels	Grade	Date Taken
GCSE's/Functional Skills/Essential skills/ Key skills	Grade	Date Taken
Other e.g. ND / NVQ	Grade	Date Achieved

Have you ever been registered as a student VN with the RCVS? Yes (please provide details below) No

Details (college attended, exams sat etc)

Do you have any criminal convictions? Yes (please specify below) No

Employment details

Business name & TP number (if known)

Name of Principal/Owner

Address

Postcode

Work Telephone Number

Email address

Do you have a contract of Employment? Yes No

Please confirm if you are paid at least the minimum wage in your employment Yes No

Does your practice pay the governments Apprenticeship Levy?
(usually large employer groups like IVC or CVS in England) Yes No

Health and Learning Information

Listed Below are aspects of health or learning which can make some work activities difficult. In few cases, it is impossible to do some jobs because of a health problem. It is important the college is aware of any difficulties you may have.

- | | | | | | |
|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Hearing | <input type="checkbox"/> yes | <input type="checkbox"/> no | Working at heights |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Speech | <input type="checkbox"/> yes | <input type="checkbox"/> no | Lifting |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Standing | <input type="checkbox"/> yes | <input type="checkbox"/> no | Sitting |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Walking | <input type="checkbox"/> yes | <input type="checkbox"/> no | Breathing |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Fainting | <input type="checkbox"/> yes | <input type="checkbox"/> no | Colour vision |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Use of hands/arms | <input type="checkbox"/> yes | <input type="checkbox"/> no | Allergies/ Skin allergies |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Epilepsy | <input type="checkbox"/> yes | <input type="checkbox"/> no | Difficulties with vision |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Diabetes | <input type="checkbox"/> yes | <input type="checkbox"/> no | Difficulties with nerves/anxieties |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Migraine | <input type="checkbox"/> yes | <input type="checkbox"/> no | Dyslexia/ learning difficulties/Dyspraxia |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Any other difficulties | <input type="checkbox"/> yes | <input type="checkbox"/> no | Difficulties with concentration |

Please expand details on wherever you have indicated a YES:

Are you registered disabled? yes no

Current tetanus Vaccination yes no Date of Vaccination: _____

Is English your first language? yes no If no, please specify first language: _____

Do you take long term medication? yes no If yes, please specify: _____

I confirm that the information provided in this enrolment form is, to the best of my knowledge, true and accurate. If my application form for a place on the course is accepted, I agree to abide by the regulations of Abbeydale Vetlink Veterinary Training.

Signed: _____ Date: _____

- ❖ Diploma VN students need to enrol as a student veterinary nurse with the RCVS and Central qualifications via AVVT. There is a separate charge for this.
- ❖ **Please include a covering letter, your CV, copies of all of your certificates and 2 passport size photographs with your application**
- ❖ **Please include a written reference from either your Clinical Coach or Practice Principal stating they are happy to support you through this qualification**
- ❖ **Please include 2 copies of the photograph page of your passport (or driving licence if you do not have a passport)**
- ❖ You will be contacted to arrange a date for an interview. Please state if there are any known dates you will not be available: _____
- ❖ Fees are payable within 28 days of receiving the invoice, should you leave the course after the commencement of the term, fees will still be due.
- ❖ RCVS and CQ enrolment fees are due on the first day of term- further information will be provided on induction day.

If you have any other requirements regarding training please do not hesitate to get in touch

Return this form along with the necessary items list above to:

Student Applications
 Abbeydale Vetlink Veterinary Training,
 Wyastone Business Park, Wyastone Leys, Monmouthshire, NP25 3SR

How we use your Personal Information

The personal Information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Education Funding Agency to meet legal duties under the Apprenticeship, Skills, Children and Learning Act 2009, and for the Agency's Learning Record Service (LRS) to create and maintain a Unique Learning Number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about use of and access to your personal data, and details of partner organisations are available at:
<http://skillsfundingagency.bis.gov.uk/privacy.htm> and
<http://www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

Checklist prior to sending

Please ensure you have sent us the following items otherwise your application will be returned to you.

Complete all of the application form	
Covering letter telling us a bit about you and why you would like to enrol on your chosen course	
Curriculum Vitae (CV)	
Copies of ALL of your certificates or a certified statement or results (please do not send us statement of results it must be the certificate. If you do not have a copy you may need to contact your examination board	
Two passport sized photographs	
A written statement from either your Clinical Coach or Practice Principal stating they are happy to support you through this qualification printed on headed paper	
Two copies of the photograph page of your passport (or driving licence if you do not have a passport)	

Please send by Recorded/Signed for delivery and check the weight, so that the correct postage fee is paid.

We will endeavour to get in touch with you within 5 days of receiving your application form, if we do not please contact us on 01600 892 682.