



### Myerscough-Lynwood School of Veterinary Nursing

MYERSCOUGH NO.	RCVS NO.	C&G NO.
APPLICANT INFORMATION		
Title:	Forename(s):	Surname:
Date of birth:	Age:	
National Ins No.	Nationality:	
Current address:		
Town:	County:	Postcode:
Home Number:	Mobile Number:	
Email address:	Next of kin:	
Contact details of next of kin:		
Qualification applying for: <b>CITY AND GUILDS VETERINARY NURSING LEVEL 3 DIPLOMA</b>		
Course start date:		
EMPLOYMENT INFORMATION		
Current employer:	Clinical coach:	
Employer address:		
Town:	County:	Postcode:
Phone:	E-mail:	Fax:
Invoicee Name:		

QUALIFICATIONS/COURSES			
Qualifications and Levels to include GCSEs, Key skills/Functional skills and Degrees/Diplomas etc...	Year completed	Grade achieved	Copy cert attached
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
PERSONAL INFORMATION			
Do you have any learning difficulties or disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please give more information:			
Do you have any evidence of formal assessments for any learning difficulties?			
<i>This information will be treated in confidence and will not be prejudicial to your application.</i>			
Copy of birth certificate/marriage certificate attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Copy of passport attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DATA PROTECTION			
In the interest of supplying the necessary support to all students, the information you have provided within this form may be viewed by other relevant members of staff within the College. In accordance with the Data Protection Act 1998, if you do <b>not</b> wish this information to be shared, please notify the College.			
DECLARATION			
I understand that the above information forms the basis on which a programme with the College may be offered to me, and declare that these particulars are to the best of my knowledge correct. I also understand that a place may be withdrawn if the evidence required is not provided.			
<b>Signature of applicant:</b>		<b>Date:</b>	
<b>Signature of Tutor:</b>		<b>Date:</b>	
For office use only.			
<b>Student aged 16-18</b>	<b>Student aged 19-23 (No L3)</b>	<b>Student aged 19-23 (L3)</b>	<b>Student aged 24+</b>

<b>WBL</b>	[ ]		
<b>FE</b>	[ ]		
<b>RCVS enrolment fee chargeable</b>	[ ]		
<b>C&amp;G registration fee chargeable</b>	[ ]		
<b>Contribution to loan</b>	[ ]	<b>By whom</b>	<b>Amount</b>