



Lynwood School of Veterinary Nursing

ULN NO.		
ANIMAL NURSING ASSISTANT COURSE		
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: ABC Animal Nursing Assistant Certificate		
EMPLOYMENT INFORMATION		
Current employer:	Mentor:	
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"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

PERSONAL INFORMATION

THIS DATA WILL BE USED TO ASSESS ADDITIONAL LEARNING SUPPORT THAT MAY BE REQUIRED.

Do you have any learning difficulties or disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give more information:

Do you have any evidence of formal assessments for any learning difficulties?

DATA PROTECTION

LSVN require the information on this form in order to be able to provide you with the right education. Some information, for example your name, contact details and previous employment, is required for administrative purposes. Details about any disabilities are requested to comply with OFSTED regulations. If you do not provide these details, we may not be able to tailor the program to support your needs. Access to your personal data, will be restricted to those staff members that have a business need to know. We will share information about your academic progress and qualifications with awarding bodies like City & Guilds, and the RCVS. We may be required to share some of your personal data with regulatory bodies like OFSTED and the RCVS – we will anonymize this data where possible. Information may also be shared with VetPartners Ltd, who owns Lynwood School of Veterinary Nursing. We will not transfer your personal data outside the UK.

Most of your records will be kept for up to 3 years post qualification. Any other records will be kept in line with the relevant statutory retention periods. (See Data Protection Policy)

Under the General Data Protection Regulations (GDPR), you are able to request a copy of the data we hold about you, request rectification or erasure of your data, object to us processing your data, or request a restriction of our processing. You can also request that we transfer your personal data to a third party in a machine-readable format (Such as pdf or CSV).

If you require a more detailed explanation of the school's policy on disclosure of personal information please contact the office on school@lsvn.co.uk

Our Data Protection Compliance Officer is Amanda Egan, dataprotection@vetpartners.co.uk

By ticking the box, you are giving your Informed Consent for authorization (i) collection, access to, use and storage of your "Personal Data, and (ii) disclosure to authorised service providers and relevant third parties. "Personal Data" means data about you which makes you identifiable (i) from such data or (ii) from that data and other information which an organisation has or likely to have access. The information provided as part of the course will need to be shared with external agencies such as the Education and Skills Funding Agency, City and Guilds, Royal College of Veterinary Surgeons and Apprenticeship Certificates England.

Please tick this box to provide your consent

DECLARATION

In 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.

Signature of applicant:

Date:

Signature of Tutor:

Date: