Lynwood School of Veterinary Nursing

ULN:

Qualification applying for: **ABC Animal Nursing Assistant certificate**

Course start date: September 2019	Planned end date: August 2020

APPLICANT INFORMATION		
Title:	Given name/s:	Family name:
Date of birth:	Age:	Gender (Please tick): Female Male Prefer not to say
National Insurance No.:		Nationality:

Ethnicity (Please tick which one applies):

English/Welsh/Scottish/Northern Irish/British	Irish	Gypsy or Irish Traveler
Any other White background	White and Black Caribbean	White and Black African
White and Asian	Any other Mixed/multiple ethnic background	Indian
Pakistani	Bangladeshi	Chinese
Any other Asian background	African	Caribbean
Any other black/African/Caribbean background	Arab	Any other ethnic group

Current address:		
Town:	County:	Postcode:
Home Number:	Mobile Number:	
Email address:		

NEXT OF KIN DETAILS	
Next of kin name:	Contact details:
Relationship to you:	

EMPLOYMENT INFORMATION		
Current employer (Practice name):	Training Practice Principal name:	Mentor name:
Employer address:		
Town:	County:	Postcode:
Phone:	E-mail:	Fax:
Date employment started:		
Employment status (please tick): I am employed for less than 16 hours per week ☐ I am employed for 16-19 hours per week ☐ I am employed for 20 hours or more per week ☐		

FEE PAYMENT		
Please confirm who will be responsible for paying the course and enrolment fees.		
The employer will be liable for fees ☐	The student will be liable for fees ☐	The employer will part fund the course ☐
Name of person/s to be sent invoice for fees:		

QUALIFICATIONS				
Qualification achieved	Year completed	Grade achieved	Copy cert attached	
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐

Do you have any long-term disability, health problem or learning difficulties? Please tick all that apply **OR**;
Tick the statement below if you **do not** consider yourself to have a long-term disability, health problem or learning difficulty.

Emotional/Behavioural difficulties	Multiple disabilities
Multiple learning disabilities	Visual impairment
Hearing impairment	Disability affecting mobility
Profound complex disabilities	Social and emotional difficulties
Mental health difficulty	Moderate learning difficulty
Severe learning disability	Dyslexia
Dyscalculia	Autism spectrum disorder
Asperger's syndrome	Temporary disability after illness or accident
Speech, language and communication needs	Other physical disability (please state)
Other specific learning difficulty (e.g. Dyspraxia)	Other medical condition (e.g. epilepsy, asthma, diabetes)
Other learning difficulty (please state)	Other disability (please state)

If you have undergone a formal assessment for any learning difficulty, please provide us with a copy of the report.
If you have ticked any of the above, please provide us with any relevant further information here:

I do not consider myself to have any long-term disability, health problem or learning difficulty ☐

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: **Name:**	**Date:**