



SCHOOL OF VETERINARY NURSING

RCVS NO.:	CQ NO.:	ULN:
EMPLOYER IDENTIFIER:	LRN:	ILR REF:
Qualification applying for: LEVEL 3 DIPLOMA IN VETERINARY NURSING (SMALL ANIMAL PRACTICE)		
Course start date:	Planned end date:	
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:

Clinical coach name:

RVN or MRCVS

Employer address:

Town:

County:

Postcode:

Phone:

E-mail:

Fax:

Date employment started:

Number of hours you work in a week:

QUALIFICATIONS

In order to be accepted on to the Diploma in Veterinary Nursing you must have a minimum of 5 GCSEs at grades A* - C (or 9-4), or equivalent Level 2 qualifications (functional skills for example). These qualifications **must** include maths, English language and a science subject. Please contact the school if you need advice.

Please attach a photocopy of your certificates with this application form. ***Note: We must see the originals of your certificates or a signed Certified Statement of Results from the examination board before starting the course.***

Qualification achieved	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"/>

PERSONAL STATEMENT

Please use this space for any statement supporting your application, including hobbies, interests, achievements, motivation and how this course will support your career aspirations. Please use a separate sheet if required.

LEARNING SUPPORT INFORMATION

This data will be used to assess additional learning support that may be required.
Please see guidance on the implications of disabling conditions for veterinary nursing applicants: <https://animowners.rcvs.org.uk/document-library/disability-guidance-on-the-recruitment-of-vn-students/>

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

HOUSEHOLD SITUATION DATA

Please tick which of the following statements apply (one or more may apply) **or** tick the statement at the bottom if you wish to withhold this information

No household member (including myself) is employed, and the household includes one or more dependents children (aged 0 – 17 years or 18 - 24 years if full time students) ·		
No household member (including myself) is employed, and the household does not include dependent children <input type="checkbox"/>		
I live in a single adult household with dependent children <input type="checkbox"/>		
None of these statements apply <input type="checkbox"/>		
I confirm that I wish to withhold this information <input type="checkbox"/>		
DO YOU HAVE THE FOLLOWING EQUIPMENT AVAILABLE TO YOU?		
A PC or laptop	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Printer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Internet Access	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PROOF OF IDENTITY INCLUDED WITH THIS APPLICATION		
A copy of your Birth Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A copy of your Passport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A copy of your Driving Licence (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A copy of your Marriage Certificate / Deed Poll/ Proof of change of name documentation (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A photographic image of yourself from the shoulders up	Yes <input type="checkbox"/>	No <input type="checkbox"/>
REQUIRED DOCUMENTATION INCLUDED WITH THIS APPLICATION		
A copy of your employer's current Employers' Liability Insurance certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lynwood School of Veterinary Nursing Skills Scan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RCVS Application Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health & Safety Declaration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eligibility for Funding form	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 the RCVS. We may be required to share some of your personal data with regulatory bodies like OFSTED, CQ 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, Royal College of Veterinary Surgeons and Apprenticeship Certificates England.

Please tick this box to provide your consent

Please confirm who will be responsible for paying the RCVS enrolment fees of £202

Employer · Student ·

Email address to send invoice:

CRIMINAL CONVICTIONS

Do you have any criminal convictions or current proceedings against you? (excluding fixed penalty driving offences) Yes No

If yes, we will contact you for more information. If you fail to declare information, it may result in disciplinary action being taken against you once you have enrolled at the college. You will need to declare all criminal convictions when registering with the RCVS.

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.

Signature of Applicant:

Date:

Signature of Practice Representative:

Name:

Date:

Position:

Signature of Tutor:

Date:

Name

For office use only - Interviewer/Tutor please complete in full

Career intentions explored: Yes No

Course objectives explained and discussed? (if applicable) Yes No

Record of Achievement seen and discussed? Yes No

Personal Learning Record (PLR) provided? Yes No

Eligibility Checklist Completed Yes No

ALS Support required? If yes please specify. Yes No

APEL (Accredited Prior Experience & Learning) Yes No

ILR funding to be reduced Yes No

Fees: None (fully funded) Learner Paying Non-Levy Contribution

Employer Paying Contribution Form completed Yes No

Employer Contact Name

Employer Tel No.....

Intermediate Apprenticeship

Advanced Apprenticeship

Programme

.....

Start Date End Date

Exam Board	Qualification Title & Pathway Detail (including Level)	Learning Aim Reference Number
Additional Framework Components		

Print Name (Interviewer/ Tutor)

Date:

Signed

Date:

Approved by:

Date: